

Medical Record

Applicant's Full Name _____ Outpost # _____

Health History

A complete Health History must be completed by the applicant's parent / guardian to attend Academy.

Sinus condition	<input type="radio"/> YES <input type="radio"/> NO	Shortness of breath	<input type="radio"/> YES <input type="radio"/> NO	Exposed to infectious:	
Ear problem	<input type="radio"/> YES <input type="radio"/> NO	Skin infection	<input type="radio"/> YES <input type="radio"/> NO	Disease past 3 weeks	<input type="radio"/> YES <input type="radio"/> NO
Lung problem	<input type="radio"/> YES <input type="radio"/> NO	Hearing difficulty	<input type="radio"/> YES <input type="radio"/> NO	Hepatitis past 6 months	<input type="radio"/> YES <input type="radio"/> NO
Heart trouble	<input type="radio"/> YES <input type="radio"/> NO	Bad eyesight	<input type="radio"/> YES <input type="radio"/> NO	Any disorder preventing strenuous activity?	<input type="radio"/> YES <input type="radio"/> NO
High blood pressure	<input type="radio"/> YES <input type="radio"/> NO	Wear eyeglasses?	<input type="radio"/> YES <input type="radio"/> NO	Taking prescription medicine?	<input type="radio"/> YES <input type="radio"/> NO
Allergy-Asthma	<input type="radio"/> YES <input type="radio"/> NO	Wear contact lenses?	<input type="radio"/> YES <input type="radio"/> NO	Any reaction to drugs or medicine of any type?	<input type="radio"/> YES <input type="radio"/> NO
Fainting or dizzy spells	<input type="radio"/> YES <input type="radio"/> NO	Any medical care in past year?	<input type="radio"/> YES <input type="radio"/> NO	Home Sickness	<input type="radio"/> YES <input type="radio"/> NO
Diabetes	<input type="radio"/> YES <input type="radio"/> NO	Any surgery within past year?	<input type="radio"/> YES <input type="radio"/> NO		
Appendix removed	<input type="radio"/> YES <input type="radio"/> NO	Special diet required?	<input type="radio"/> YES <input type="radio"/> NO		
Dental Appliances	<input type="radio"/> YES <input type="radio"/> NO				

Food, Drug and/or other Allergies: _____

I am currently taking the following medications: _____

Please include written instructions for all medications.

Remarks and Medical Facts We Should Know: (Add Sheet if Needed)

Give latest date of inoculation or vaccination against the following:

Tetanus	___ / ___ / ___	Hep B	___ / ___ / ___
Measles	___ / ___ / ___	Typhoid	___ / ___ / ___
Diphtheria	___ / ___ / ___	Polio	___ / ___ / ___
Flu Shot	___ / ___ / ___		

Physical Examination

Note to Health Practitioner: Applicants attending Advancement Academy are exposed to hot, strenuous activity. Therefore, the applicant must be physically sound and strong enough to engage in such activity. Your signature below indicates the applicant is able to attend this event.

EXAMINATION DATE ___ / ___ / ___	BIRTH DATE ___ / ___ / ___	HEIGHT ' "	WEIGHT lbs
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HEALTH PRACTITIONER'S NAME (Please Print) _____

HEALTH PRACTITIONER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

(_____) _____
HEALTH PRACTITIONER'S AREA CODE AND PHONE NUMBER

In Case of Emergency Please Notify:

NAME _____		RELATIONSHIP _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
(_____) _____	(_____) _____		
DAY PHONE _____	EXT. _____	EVENING PHONE _____	
2nd EMERGENCY CONTACT _____		PHONE NUMBER _____	

Health Insurance Company Info:

HEALTH INSURANCE COMPANY'S NAME _____	
POLICY NUMBER _____	CARD HOLDER'S NAME _____
CERTIFICATE NUMBER _____	
_____ / _____ / _____	(_____) _____
EFFECTIVE DATE OF COVERAGE	HEALTH INSURANCE COMPANY'S PHONE

Required Release Signatures

Adult (18+) Pastor's Certification for Church Worker: I am personally acquainted with the adult applicant, and in my opinion he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Rangers activity. The church has on file the applicant's youth workers screening form. Adult leaders are considered 18 years of age or older.

X
PASTOR'S SIGNATURE _____ DATE _____

ADDRESS _____
CITY _____ STATE _____ ZIP _____ (_____) _____
PHONE NUMBER

Parent/Legal Guardian Consent for Junior Staff (under 18): The signature of a parent or legal guardian is required for a minor to attend the 2006 NJ Royal Rangers Advancement Academy at Camp Roosevelt, August 13-19, 2006. The parent's or legal guardian's signature below indicates: Permission to administer medical attention to the minor in the event of a medical emergency.

X
PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____