

# AMERICAN LEGION AUXILIARY WYOMING GIRLS STATE

## MEDICAL HISTORY

To Be Completed May 18-25, 2017 and Mailed To The Director By May 25, 2017

1 Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI Month Day Year

2 A. Past Illnesses/Surgery: (Indicate Yes or No for Each)  
Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Lung Disease \_\_\_\_\_ Ear or Sinus \_\_\_\_\_  
Heart Disease \_\_\_\_\_ Blood Disorder \_\_\_\_\_ Cancer \_\_\_\_\_ Bone or Joint \_\_\_\_\_  
Menstrual \_\_\_\_\_ Kidney Disease \_\_\_\_\_ Gastrointestinal \_\_\_\_\_ Urinary/Bowel \_\_\_\_\_

B. Other Illnesses/Surgeries \_\_\_\_\_

(Provide additional information concerning above illnesses/surgeries on the back of this form.)

C. Exposed to any contagious disease within the last three (3) weeks? No \_\_\_\_\_ Yes \_\_\_\_\_  
Disease \_\_\_\_\_

3. Present State of Health:

A. Subject to: Headaches \_\_\_\_\_ Sore Throat \_\_\_\_\_ Earache \_\_\_\_\_ Indigestion \_\_\_\_\_

B. Any chronic illnesses? \_\_\_\_\_

C. Any recent illnesses? \_\_\_\_\_

D. Other medical concerns? \_\_\_\_\_

E. Menstrual history - Regular \_\_\_\_\_ Pain \_\_\_\_\_ Symptoms \_\_\_\_\_

F. **Allergies?** Medications/Environmental \_\_\_\_\_

**Does the Delegate carry an anaphylactic kit? Yes \_\_\_\_\_ No \_\_\_\_\_**

G. Medications now being used (prescription and/or over-the-counter) \_\_\_\_\_

H. Are the Delegate's immunizations up-to-date? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Delegate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) and/or Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_