

AMERICAN LEGION AUXILIARY WYOMING GIRLS STATE

MEDICAL HISTORY

To Be Completed During The Week Of 12 – 18 May 2018 & Mailed To The Director By 21 May 2018.

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? Yes _____ No _____

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 _____