



**University of California Division of Agriculture and Natural Resources  
4-H Youth Development Program  
Health History Information**

_____	_____	_____	____/____/____
First Name	Last Name	County	Date of Birth

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds	<input type="radio"/>	<input type="radio"/>	Heart Trouble	<input type="radio"/>	<input type="radio"/>
Sore Throat	<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>
Fainting Spells	<input type="radio"/>	<input type="radio"/>	Lung Trouble	<input type="radio"/>	<input type="radio"/>
Bronchitis	<input type="radio"/>	<input type="radio"/>	Sinus Trouble	<input type="radio"/>	<input type="radio"/>
Convulsions	<input type="radio"/>	<input type="radio"/>	Hernia (rupture)	<input type="radio"/>	<input type="radio"/>
Cramps	<input type="radio"/>	<input type="radio"/>	Appendicitis	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>	Has appendix been removed?	<input type="radio"/>	<input type="radio"/>
Wear corrective lenses?	<input type="radio"/>	<input type="radio"/>	Do you walk in your sleep?	<input type="radio"/>	<input type="radio"/>
Is hearing good?	<input type="radio"/>	<input type="radio"/>			

Date of last Tetanus Vaccination: \_\_\_\_\_

Please check over-the-counter medications that may be administered:

<input type="checkbox"/> Tylenol	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Cough Syrup	<input type="checkbox"/> Decongestant	<input type="checkbox"/> Dramamine
<input type="checkbox"/> Antacid	<input type="checkbox"/> Polysporin	<input type="checkbox"/> Hydrocortisone	<input type="checkbox"/> Other: _____	

Please identify allergies including allergies to food, medications, and drug reactions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any disability accommodations you will need in order to participate in this program or activity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.  
Please explain "yes" answers on this page.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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