

CAMP HAWK 2010 - AUGUST 17 – 19, 2010

HEALTH QUESTIONNAIRE for COLLEGE SPONSORED TRIP

****A copy of your current health insurance card must be provided****

Name (Last) _____ (First) _____ (Middle) _____ DATE: _____

Date of Birth _____ Cell phone # _____ Home phone # _____

Address – Home _____ Street _____ City, State, Zip code _____ Campus Box # _____

Emergency Contact - Name _____ Address _____ Phone _____

Your Doctor's Name _____ Name _____ City, State, Zip code _____ Business Phone # _____

IMMUNIZATIONS Tetanus (within past 10 years) Date _____
MMR (measles, mumps, rubella) Dates (1) _____ (2) _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING? (Circle any that apply)

*Allergies	Dizziness/fainting
Anemia	Ear problems
Arthritis/joint/muscles problems	Epilepsy/seizures
Asthma/bronchitis/hay fever	Headache (recurrent)
Back problems	Head injury
Bladder/kidney problems	Heart problems
Blood disorder	Hepatitis/liver disease
Bones (injury or disease)	High/low blood pressure
Breath (shortness of)	Skin problems
Convulsions	Stomach problems
Depression (frequent)	Vision problems
Diabetes	Other: _____

INSURANCE MANDATORY!!!
Insurance Co.: _____
Policy #: _____
ID #: _____
Group #: _____
Effective date: _____
Address: _____
Telephone #: _____
Student Activities will need to make a copy of your insurance card before you leave for Camp Hawk.

**If you have allergies, name them _____*

Do you carry an EPI Pen with you? Circle one – Yes No

If you checked "yes" to any of the above, please explain on the back of this page.

Has your physical activity been restricted during the past two years? Yes___ No___

Have you had any illness or injury or been hospitalized within the past two years? Yes___ No___

Are you under the care of a physician or taking any medication at the present time? Yes___ No___

Do you have special medical needs or an unusual medical history? Yes___ No___

If you checked "yes" to any of the above, please explain on the back of this page.

Describe your general physical condition and any kind of exercise program you follow on a regular basis.

Are you currently taking medication? Yes___ No___ Please list them: _____

Please specify any special diet restrictions _____

Do you understand that Camp Hawk may involve strenuous physical activity and challenges? Yes___ No___



By signing below, I give Shorter College personnel my permission to act on my behalf concerning health care and medications that need administering should I be unable to do so myself. I covenant not to sue Shorter College, its agents or its employees as a result of this procedure. I certify that the above information is correct to the best of my knowledge.

Signature _____ Date _____

