Camping at the Presidio
Camping at the Presidio Leadership Training

HEALTH HISTORY FORM

General Information

Name_____ Date of Birth _____ Phone _____

Address _____ City _____ State ____ Zip _____

Ethnic background (optional)

- ❑ Asian
- ❑ Black/African American
- ❑ Hispanic/Latino
- ❑ Middle-Eastern
- ❑ Native American
- ❑ Pacific-Islander
- ❑ White/Caucasian
- ❑ Other_____

In case of emergency, contact:

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Medical Insurance Information:

Physician or Health Care Facility _____

Address _____ Phone_____

Health Insurance Carrier_____

Insurer's Name _____ Policy No_____

Medical History

Do you have a history or current condition of:

Diabetes	Yes	No	Sprains/joint problems	Yes	No
Asthma	Yes	No	Recent surgery	Yes	No
Heart Trouble	Yes	No	Psychological problems	Yes	No
Seizure/epilepsy	Yes	No	Restrictions to		
Respiratory disease	Yes	No	strenuous activity	Yes	No
Pregnant	Yes	No	Other: _____	Yes	No
Back problems	Yes	No			

If you answered yes to any of the above, please explain _____
_____

Do you have any allergic reactions to:

Bee Stings	Yes	No	Food or Drink	Yes	No
Medications	Yes	No	Other_____	Yes	No

If you answered yes to any of the above, please explain and note reaction _____
_____

Do you have any dietary restrictions (vegetarian, etc.)? If yes, please explain _____
_____

Are you currently taking any medications? If yes, please explain _____
_____