



## Medical History

Name of Crew Member \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_

1. List past injuries (e.g. broken finger, shin splints, etc.)

---



---

2. Chronic Illness: Check off those that apply: Asthma \_\_\_\_\_ Heart Defect/Disease \_\_\_\_\_  
 Diabetes \_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_ Hypertension \_\_\_\_\_  
 Bleeding/Clotting Disorders \_\_\_\_\_ Other: \_\_\_\_\_

3. Allergies: Check off those that apply: Animals \_\_\_\_\_ Hay Fever \_\_\_\_\_ Plants/Pollen \_\_\_\_\_  
 Insect Bites/Stings \_\_\_\_\_ Other \_\_\_\_\_  
 Medicines/Drugs (list names) \_\_\_\_\_  
 Food (list specifics) \_\_\_\_\_

4. Other Health Conditions: Check off those that apply: ADD(Attention Deficit) \_\_\_\_\_  
 Fainting \_\_\_\_\_ Hearing Impairment \_\_\_\_\_ Nosebleeds \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_  
 Difficult Menstrual Periods \_\_\_\_\_ Motion Sickness \_\_\_\_\_  
 Special Diet: \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

5. Immunization History:

<u>Immunization</u>	<u>Last Shot</u>
D.P.T	_____
TD (Tetanus Diphtheria)	_____
Tetanus	_____
Measles	_____
Mumps	_____
Rubella (German Measles)	_____
Oral Polio	_____
Hbpv	_____
Tuberculin	_____

(Please complete both sides)

6. Date of last health examination \_\_\_\_\_

Where there any medical problems found in the last health examination?

\_\_\_\_\_

\_\_\_\_\_

7. Any restrictions in activity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct and true and that my child is fit to participate in Northern California Crew competitive rowing program.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please complete both sides)