



HEALTH FORM 2007



This information is confidential and will only be used if urgent medical assistance is required and will only be provided to the Medical Officer.

Has the Applicant ever received treatment, attention or advice from a physician or other practitioner for, or been told by any physician or practitioner that such person had/has:

- | | |
|--------------|---------------------------------|
| ALLERGIES | HERNIAS |
| ASTHMA | PNEUMONIA |
| APPENDICITIS | ULCERS |
| ARTHRITIS | RHEUMATIC FEVER |
| DIABETES | SERIOUS OR PERSISTENT HEADACHES |
| EPILEPSY | VERTIGO, DIZZINESS |

ANY DISEASE, IMPAIRMENT OR ABNORMALITY OF:

- | | |
|-----------------|-------------------------------------|
| EYE OR SIGHT | HEART OR BLOOD VESSELS |
| EARS OR HEARING | LUNGS, RESPIRATORY SYSTEM |
| TONSILS NOSE | BONES, JOINTS, OR LOCOMOTOR SYSTEMS |
| THROAT | SKIN |
| STOMACH | DIGESTIVE SYSTEM |

PLEASE NOTE: Applicant to bring own gluten or yeast free bread if required.

Will Applicant be bringing any prescribed medication with them? **YES** [] **NO** []

If **YES** please list them and ensure a supply for 6 days.

Medication, dosage and reason

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[Please check medication in with R.Y.L.A. Administration Officer on site]

Name of Insurance Company Policy Number.....

Billing Address of Insurance Company

Family Physicians NameTelephone Number.....

Emergency ContactTelephone Number.....

Has the Applicant been immunized against **Tetanus**? **YES When?** **NO** []

PERMISSION FOR MEDICAL CARE:

As an Applicant, I agree to authorise the Rotary Youth Leadership Award Seminar District 9180 Committee to act for me in any emergency or accident or illness during the seminar.

Signed Date/...../.....

Signature of Parent/Guardian Date/...../.....