

Alabama 4-H Adult Medical Form

Name _____
 Birth Date ____/____/____ Age ____ Female Male
Month / Day / Year
 Home Address _____
 Home Phone (____) _____
City State Zip
 E-mail _____
 Cell Phone (____) _____
 Primary Emergency Contact _____
 Phone(s) (____) _____
 Alternate Emergency Contact _____
 Phone(s) (____) _____
 Physician _____
 Phone (____) _____
 Health Insurance Co. _____
 Policy # _____
 Name of Insured _____
 Relationship to Participant _____

HEALTH HISTORY

Have you ever had any of the following?
 Check **Yes** or **No** to each item.
 Please explain any **Yes** answers (noting the number of the item) in the space below **or on additional paper**.
 Reporting a health condition will not prevent you from participating and will be kept confidential.

	Yes	No
1. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
2. Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
3. Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
5. Ear Infection	<input type="checkbox"/>	<input type="checkbox"/>
6. Fainting	<input type="checkbox"/>	<input type="checkbox"/>
7. Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
8. Headaches	<input type="checkbox"/>	<input type="checkbox"/>
9. Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
10. Serious Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>
11. Wear Glasses	<input type="checkbox"/>	<input type="checkbox"/>
12. Wear Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>
13. Other Conditions	<input type="checkbox"/>	<input type="checkbox"/>
14. Penicillin Allergy	<input type="checkbox"/>	<input type="checkbox"/>
15. Aspirin Allergy	<input type="checkbox"/>	<input type="checkbox"/>
16. Tetanus Allergy	<input type="checkbox"/>	<input type="checkbox"/>
17. Other Drug Allergies	<input type="checkbox"/>	<input type="checkbox"/>
18. Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>
19. Serious Ivy, Oak or Sumac Poisoning	<input type="checkbox"/>	<input type="checkbox"/>
20. Other Allergies	<input type="checkbox"/>	<input type="checkbox"/>

Date of Last Tetanus Shot ____/____/____

Please explain **Yes** answers and provide information on **present medications**, recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, any specific activities to be restricted and other comments.

I, _____ understand that if a serious illness or injury develops, medical and/or hospital care will be given. I hereby give permission to the attending physician or other health care professional to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I understand I will be responsible for the cost of service or treatment.

I hereby agree that I understand the risks or have been given the opportunity to ask for information concerning risks involved in this activity and assume all risks and release Alabama 4-H, the Alabama Cooperative Extension System, local Extension offices, Auburn University, Alabama A & M University, the State of Alabama, the Alabama 4-H Foundation and 4-H Youth Development Center, and their trustees, agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from my participation in any Alabama 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities.

[If, for religious reasons, you cannot sign this section, please contact 4-H personnel for necessary legal waivers.]

Signature _____ Date _____



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[This Box to Be Completed by ACES Staff]

County: _____ Date of Receipt by County: ____/____/____