



Alabama 4-H Adult Medical Form

Name _____
 Last First

Birth Date ____/____/____ Age ____ Female Male
 Month / Day / Year

Home Address _____

 City State Zip

Home Phone () _____

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 _____

PROVIDE A COPY OF YOUR INSURANCE CARD

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.

Signature _____ Date _____



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[This Box to Be Completed by ACES Staff]

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