MEDICAL HISTORY
(Please check all that apply)

CURRENT CONDITION	DATE	NOTES AND DETAILS
□ Asthma		
Allergies		
□ Hay Fever		
□ Poison Ivy etc.		
□ Insect Stings		
□ Penicillin		
□ Other Drugs (Please specify)		
□ Food Allergies (please Specify		
□ Chicken Pox		
□ Measles		
□ German Measles		
□ Mumps		
□ Operations (please specify)		
□ Serious Injury (please specify)		
□ Other (please specify		