



Camp Ak-O-Mak

2010

MEDICAL HISTORY ~ 2 OF 5

Health History: VERY Important and MUST Be Completed

Camper's Name: _____

Has your daughter ever experienced any of the following (Please Circle)

- | | | |
|---|-----|----|
| 1. A recent injury, illness or infectious disease | YES | NO |
| 2. Chronic or recurring illness / condition | YES | NO |
| 3. Surgery / Hospitalization | YES | NO |
| 4. Seizure disorder | YES | NO |
| 5. Heart Murmur / Heart Problems | YES | NO |
| 6. Asthma | YES | NO |
| 7. Diabetes | YES | NO |
| 8. Bedwetting | YES | NO |
| 10. Frequent ear infections | YES | NO |
| 11. Frequent Headaches | YES | NO |
| 12. Head injury / loss of conscious | YES | NO |
| 13. High Blood Pressure | YES | NO |
| 14. Back problems | YES | NO |
| 15. Joint problems (knees, ankles, shoulders) | YES | NO |
| 16. Menstrual Problems | YES | NO |