



Camp Ak-O-Mak

2010

MEDICAL HISTORY ~ 3 OF 5

Health History: VERY Important and MUST Be Completed

Camper's Name: _____

Has your daughter ever experienced any of the following, continued:

- | | | |
|--|-----|----|
| 17. Diarrhea / constipation / digestive problem's | YES | NO |
| 18. Emotional / psychological / attention deficit issues | YES | NO |
| 19. Mononucleosis in the past 12 months | YES | NO |
| 20. Fainting after exercise | YES | NO |
| 21. Does your daughter wear glasses / contact lenses or regular protective eye wear? | YES | NO |
| 22. Skin Problems (rashes, ache, itching etc.) | YES | NO |
| 23. History of eating disorder | YES | NO |
| 24. Cultural or religious reasons for not swimming during menstruation? | YES | NO |

Please explain "Yes" answer, noting the number of the question:

Physical restriction to Activities: Has your daughter sustained an athletic injury that will prevent her from participating (what adaptations or limitations are necessary).
