

Medical Record

This medical record must be completed for each and everyone attending an activity (**Adults and boys**). It should be **turned in upon arrival at the activity** to Registration along with permission slips and adult screening forms. This should also accompany each father screening form.

Name _____ Circle one: **Boy** **Adult**

Outpost # _____ Church Name _____

Answer Yes or No to the following. Explain all Yes answers under **Remarks** below.

- | | |
|-----------------------------------|--------------------------------------|
| 1. _____ Sinus condition | 8. _____ Shortness of breath |
| 2. _____ Ear problems | 9. _____ Skin infection |
| 3. _____ Lung problems | 10. _____ Hearing difficulty |
| 4. _____ High blood pressure | 11. _____ Bad eyesight |
| 5. _____ Allergy or asthma | 12. _____ Wear contact lenses |
| 6. _____ Heart problems | 13. _____ Any medical care this year |
| 7. _____ Fainting or dizzy spells | 14. _____ Any surgery this year |
15. _____ Have you been exposed to any disease in the last three weeks?
16. _____ Have you been exposed to hepatitis in the past 6 months?
17. _____ Do you have any disorder preventing strenuous activity?
18. _____ Are you taking any prescription medication?
19. _____ Any known reactions to drugs or medication of any type?

Are you up-to-date for inoculations and/or vaccinations for: Yes or No for each

_____ Tetanus	_____ Small pox	_____ Measles
_____ Typhoid	_____ Diphtheria	_____ Polio

REMARKS: Begin with the Item #, then comment. Example: #11- Eyeglasses required.

I understand that the Royal Rangers Ministry, staff, leaders, and volunteers will not be responsible for any medical expenses incurred, but such expense will be my responsibility as parent / legal guardian.

Print name of Parent / Legal Guardian _____

Signature of Parent / Legal Guardian _____