

GIRL HEALTH RECORD - HEALTH EXAMINATION AND IMMUNIZATION

↓ **To be filled in by physician** after review of health history with parent/guardian. **Give completed form to Troop/Group Leader or Event Facilitator/Coordinator for trip of three or more nights.**
 ↓ This form must be completed within the 24 months preceding a girl's participation **in a trip of three or more nights or in contact sports on an organized competitive basis.**
 ↓ The Girl Health History Form #5120, must also be completed and accompany this form.

Girl Name (Last, First, Initial)	Date
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Health Examination (This part is to be filled in by physician after review of health history with parent /guardian.)

Date of Exam (MUST HAVE BEEN GIVEN WITHIN LAST 24 MONTHS BEFORE THE EVENT):

Height	Weight	Blood Pressure
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Appearance-Nutrition

Eyes: Without Glasses	Left: 20/___	Right: 20/___	With Glasses	Left: 20/___	Right: 20/___
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Color Vision: _____ General Physical and Emotional Status: _____

Ears: Hearing: Right: _____ Left: _____

Code: Satisfactory: Not Satisfactory: Not Examined:

Nose	Genitalia	
Throat	Hernia	Does the child have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Teeth	Skin	Does the child have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart	Musculoskeletal	Current Treatment (include current medication):
Lungs	Urinalysis*	
Abdomen	HGB*	

* Not required for every health examination. A girl 11-18 should have this test if she has not had it since entering puberty.

Record of Immunizations

Immunization	Year Primary Series Completed	Year of Last Booster	Immunization	Year Primary Series Completed	Year of Last Booster
DTaP			Haemophilus Influenza b (Hib)		
Diphtheria			Typhoid and Paratyphoid		
Pertussis (Whooping Cough)			Rubella		
Tetanus			Cholera		
Hep B**			Yellow Fever		
Oral Polio			Chicken Pox		
Measles			Meningitis		
Mumps			Other		

Tuberculin test - year last given: _____ Result: Positive Negative **Effective January 1, 1992, three dosages of Hepatitis B Vaccine are required [105CMR30.15(4)].

Immunizations: Yes No

I certify my child is up-to-date on all immunizations required to attend school in Connecticut.
 If not immunized, please attach required medical exception form.

Does participant carry an Epi-pen? Yes No Participant may self-administer Yes No
 Does participant carry an Inhaler? Yes No Participant may self-administer Yes No

Physician's comments and recommendations. Give details or indicate management of significant illness.

This person is in satisfactory condition and may engage in all usual activities, except as noted.

Licensed physician's name	Licensed physician's signature
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City	ST	Zip Code
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Phone _____	Date _____
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If over -the-counter or prescription medications may be taken for an upcoming trip of more than three nights, please complete, sign and attach the Permission to Give Over-the-Counter Medication Form. Include dosage, frequency, special instructions, and any potentially harmful interactions (e.g., food, medications, environmental). Form can be found in the Resource and Form Library at www.gsofct.org.