## Gordon College Fighting Scots Summer Camp Health History Form



A health history is required by the Massachusetts Department of Public Health for all summer camp staff and campers. Please know that we value your privacy. Information provided is available only to the camp director and camp health staff.

Please check all that apply to you and your health history:

1. Recent injury, illness or infectious	15. Measles
disease	☐ 16. German measles
2. Chronic or recurring illness	17. Mumps
3. Asthma/Wheezing/Shortness of B	reath 18. Tuberculosis
4. Homesickness	19. Hepatitis
5. Frequent ear infections	20. Joint problems (knees, ankles)
6. Seizure disorder or convulsions	21. Fractures
7. Dizziness during or after exercise	22. Frequent headaches
8. Chest pain during or after exercise	23. Head injury
9. Heart defect/disease	24. Eating disorder
10. Hypertension	25. Diarrhea or constipation
11. Bleeding/Clotting disorders	26. Frequent stomachaches
12. Diabetes	27. Wears glasses or contacts
13. Mononucleosis (in last 12mos)	28. Been hospitalized
14. Chicken pox	29. Wear a Medic Alert ID
Please list the number and provide ex	xplanation for any checked items:
Parent/Guardian Signature	Print Name Date