



**University of California Division of Agriculture and Natural Resources**

**4-H Youth Development Program**

**Health History Information**

First Name _____	Last Name _____	County _____	Date of Birth _____/_____/_____
------------------	-----------------	--------------	---------------------------------

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination: \_\_\_\_\_

Please check over-the-counter medications that may be administered:

- |                                  |                                     |   |                                       |                                    |
|----------------------------------|-------------------------------------|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen  | <input type="checkbox"/> Cough Syrup    | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Polysporin | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Other: _____ |                                    |

Please identify allergies including allergies to food, medications, and drug reactions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any disability accommodations you will need in order to participate in this program or activity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please explain "yes" answers on this page.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096.