

Louisiana 4-H Adult Health Form Revised 1-05

Event or Activity:

Date:

Name:

Parish:

Street Address:

City:

State:

Zip Code:

Social Security Number: (Required for Medical Purposes)

Insurance Company:

Group Policy Number:

Name of Person Insured:

Policy Number:

Insurance Address and Phone:

Emergency Contacts:

Name:

Home Phone:

Relationship:

Office/Cell Phone:

Name:

Home Phone:

Relationship:

Office/Cell phone:

Family Physician:

Phone:

Statement of Health:

To my knowledge, I have no health problems, unless stated earlier, and can SAFELY PARTICIPATE in this event. I would rate my health as POOR, FAIR, GOOD, EXCELLENT (please circle). I have no contagious or communicable disease and have had no illness within 30 days that would preclude me from participating in this event. If I do have any health problems or illnesses, they are explained in the space provided on the second page.

Special or Prescription Medications:

Please list any special medication being taken including the name and phone number of the prescribing physician, dosage, consumption rate and interval.

Name of Medication

Dosage

Frequency

Prescribing Physician

Date of most recent: **Flu Shot**_____ **Tetanus Booster**_____ **Hepatitis Shot**_____

Health Conditions:

Please share any information you feel 4-H personnel should know to help ensure your safety and well being. In case of an emergency, this health statement may be the only source of background information. Please be accurate and as complete as possible. **All information will be confidential.**

Arthritis or other related conditions, etc.	Yes	No
Allergies to medications, food, bug bites or other, etc.	Yes	No
Diabetes, Kidney or Liver Disease	Yes	No
Heart: defects, abnormal blood pressure, bleeding or clotting issues etc.	Yes	No
Infectious disease or contact with one in the last 2 weeks.	Yes	No
Lung Disease: asthma, persistent cough, tuberculosis, etc.	Yes	No
Nervous or Mental: epilepsy, convulsion, loss of consciousness, fainting, depression, etc.	Yes	No
Stomach or Intestinal Trouble: ulcers, gall bladder, hernia, colitis, etc.	Yes	No
Recent Surgical Operations, injuries or accidents, etc.	Yes	No
Sinus or Hay Fever, etc.	Yes	No
Skin Disease: Psoriasis, Eczema, etc.	Yes	No
Under a physician (name and phone) for a chronic re-occurring problems.	Yes	No
Physical Disability	Yes	No

If the answer is “**Yes**” to any of the above, please enter the details in the space below, indicating the diagnosis, date of injury or illness, hospital, name of doctor, etc. (attach a page if additional space is needed).

Membership and participation in activities and events are open to all citizens without regard to race, color, national origin, gender, religion, age, veteran status, or disability. *If you have a disability that requires special accommodation for your participation in this event, please contact your 4-H Agent two (2) weeks prior to your participation in the event.*

It is the policy of the Louisiana Cooperative Extension Service that no person shall be subjected to discrimination on the grounds of race, color, national origin, gender, religion, age or disability.

