

VISITING YOUTH APPLICATION

Medical Information

Name and Address or Medical Insurance Company

Health Certificate - To be filled out by Doctor

Name _____ Male Female

Address _____

City _____ State _____ Zip _____

Date of Birth _____

State of health:

Physical handicaps, if any:

Allergies:

Medications:

Sensitivities to medication:

Medical past history:

Have you had a recent Tetanus? Yes No Date of last vaccination : _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Signature: _____ Date: _____