



Girl Scouts.

Girl Scouts of Monterey Bay

Medical Examination Record

To be completed by a medical professional after review of Health History Record (Form 307 or 307s) with parent/guardian

Safety-Wise Program Standard 3: A health examination is required annually for participation in physically demanding activities, such as water sports, horseback riding or skiing. A health examination within the preceding 24 months is required for participation in resident camping, a trip of more than three nights, or in organized competitive sports. The examination may be given by a licensed physician, nurse practitioner, physician's assistant or registered nurse.

Name _____ Date of Birth _____
Last First Initial

Home Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell _____

Health Examination:

Date of Examination _____

Height _____ Weight _____ BP _____

Appearance-Nutrition _____

Eyes:

With Glasses Without Glasses

R 20/____ L 20/____ R 20/____ L 20/____

Ears _____ Hearing R _____

Hearing L _____

Code:

- Satisfactory
- Not satisfactory
- Not examined

Nose _____

Throat _____

Teeth _____

Heart _____

Lungs _____

Abdomen _____

Genitalia _____

Hernia _____

Skin _____

Musculoskeletal _____

General physical and emotional status _____

Urinalysis* _____ HGB* _____

Other notes _____

*Not required for every health examination. A Daisy, Brownie or Junior Girl Scout should have this test if she has not already had it, either when entering school or at any time since. A Cadette or Senior Girl Scout (or any girl 12 and older) should have this test if she has not had it since entering puberty.

Record of Immunization:

Immunization	Year Primary Series Completed	Year of Last Booster
D.P.T.	_____	_____
Diphtheria	_____	_____
Pertussis	_____	_____
Tetanus	_____	_____
Td	_____	_____
Oral Polio	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Hbpv	_____	_____
Other	_____	_____
Tuberculin test		
Type	_____	
Year Last Given	_____	
Result	_____	

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

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

Physician's name _____

Physician's signature _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Date _____