



**University of California Division of Agriculture and Natural Resources  
4-H Youth Development Program  
Health History Information**

|            |                           |                   |
|------------|---------------------------|-------------------|
| _____      | _____ <b>Solano</b> _____ | _____/_____/_____ |
| First Name | Last Name                 | County            |
|            |                           |                   |
|            |                           |                   |
|            |                           |                   |

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

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

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Please list all current medications:

| Name of Medication | Dosage | Times Taken |
|--------------------|--------|-------------|
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|                    |        |             |
|                    |        |             |
|                    |        |             |
|                    |        |             |
|                    |        |             |
|                    |        |             |
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|                    |        |             |
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Please include any additional remarks and special instructions to better assist emergency service personnel.

Please explain "yes" answers on this page.

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