



MEDICAL HISTORY FORM

Does your child have any medical problems (i.e. diabetes, asthma, seizure disorder, etc.)? YES NO

If YES, list medical problem(s) _____

Does your child take any medication? YES NO

If YES, list medication(s) with dosages and frequency of dosage: _____

Does your child have any allergies? YES NO

If YES, list allergies: _____

(The purposed of the above listed information is to ensure that medical personnel have details of any medical concern which may interfere with or alter treatment)

Has your child suffered any injuries in the last 18 months? YES NO

If YES, please describe the injury and your child's current condition: _____

Does your child have any limitations on the types of activities in which he or she may be involved?

YES NO If YES, list limitation(s): _____

Will these medical problem(s), your child's use of medication, allergies, injuries, etc. affect your child while he/she is playing baseball? YES NO If YES, please explain: _____

If YES, what precautions should be taken while your child is participating in baseball? _____

If there is anything else that you feel Harlem RBI should know about your child's health condition? Please explain: _____

Date of last physical exam: _____

Date of last Tetanus Toxoid Booster: _____

Name of Physician/Clinic: _____

Phone: _____

Hospital Preference: _____

Phone: _____

Does your family have insurance? YES NO

Does your family have Medicaid/Medicare? YES NO

Name of Insurance Carrier: _____ Plan or Policy No. _____