

Williamsburg Boat Club Health History Form

Name _____ Birthdate ____/____/____ Sex ____ Age ____
Last, First, Middle Initial *mo day yr* *m/f*

Home Address _____
Street & Number *City State Zip*

Phone (____) _____

Emergency Contact

Spouse, Partner or Other Person _____

Home Address _____
Street & Number *City State Zip*

Phone _____

If not available in an emergency, notify:

Name _____

Address _____
Street & Number *City State Zip*

Phone _____

Health History:

Yes No Heart Defect/Disease Explain if yes _____

Yes No Convulsions _____

Yes No Diabetes

Yes No Operations or serious injuries (dates) _____

Yes No Bleeding/Clotting Disorders _____

Yes No Hypertension Disability or chronic or recurring illness _____

Allergies:

Yes No Hay Fever

Yes No Ivy Poisoning, etc.

Yes No Insect Stings

Yes No Penicillin

Yes No Other drugs

Yes No Asthma

Yes No Other (Specify) _____

Date of last physical examination _____