SERVICE OVER SELF
PARTICIPANT HEALTH FORM

Name: _____
Last First Middle
Permanent Address: _____
_____
Home Phone: _____ Social Security # _____
Parent/Guardian: _____ Daytime Phone: _____ Eve. Phone _____
Parent/Guardian: _____ Daytime Phone: _____ Eve. Phone _____
If my parent is not available in an emergency, notify:
_____ Phone: _____ Phone: _____
_____ Phone: _____ Phone: _____

Health History: (Check - giving approximate dates)
Diseases/Illnesses:

☐ Asthma	_____	☐ German Measles	_____	☐ Mono	_____
☐ Bleeding Disorder	_____	☐ Heart Problems	_____	☐ Mumps	_____
☐ Cancer	_____	☐ High Blood Pressure	_____	☐ Recurring Strep Inf.	_____
☐ Chicken Pox	_____	☐ Hypoglycemia	_____	☐ Respiratory Problems	_____
☐ Diabetes	_____	☐ Kidney Problems	_____	☐ Respiratory Problems	_____
☐ Ear Infections	_____	☐ Knee Problems	_____		
☐ Eating Disorders	_____	☐ Measles	_____		

Allergies:

		Drug Allergies: (List any medication you are allergic to)
☐ Hay Fever	_____	_____
☐ Insect Stings	_____	_____
☐ Ivy Poisoning	_____	_____
☐ Other	_____	_____

Have you been out of the USA in the past 9 months? _____ If so, where? _____

Immunizations:

☐ Tetanus – Date of Last Tetanus: _____ **(Obtain Tetanus if you are not current)**
Have you been (in the past 12 months) or are you currently being treated for a psychiatric/psychological disorder? _____
If yes, please explain: _____
List any previous surgeries or injuries (Give Dates): _____
_____
Any illness occurring within the last 5 years that caused you to miss school or work for mare than 3 days:
_____
I am covered under my parents' Medical Insurance Plan: ___Yes ___ No
If so, name of Insurance Company: _____
I have Medical Insurance of my own: ___Yes ___ No
If so, name of Insurance Company: _____
Insurance Policy #: _____ Insurance Policy Phone #: _____

Consent for Treatment
I hereby give permission to the physician selected by the SOS Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for myself. (Guardian signature required if under 18 years of age).

Signature: _____ Date: _____