



## Area V FFA Association Health History Form



**INSTRUCTIONS:** Complete the entire form and bring with you to the Area V FFA Greenhand Conference or the Area V Leadership Conference.

CIRCLE ONE – Program Date:     Greenhand Conference  
                                                         Leadership Conference A  
                                                         Leadership Conference B

Area: V    District: \_\_\_\_\_    Chapter: \_\_\_\_\_  
Name: \_\_\_\_\_    Male: \_\_\_\_\_    Female: \_\_\_\_\_  
Address: \_\_\_\_\_    Date of Birth: \_\_\_\_\_    Age: \_\_\_\_\_  
City: \_\_\_\_\_    State: \_\_\_\_\_    Zip Code: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_  
Home Phone: \_\_\_\_\_    Work Phone: \_\_\_\_\_

**Relative or neighbor to be contacted in case parent or guardian cannot be reached in an emergency:**

Name: \_\_\_\_\_    Phone: \_\_\_\_\_  
Physical Limitations or Handicaps: \_\_\_\_\_

**Health History:** (Please check any of the following that apply)

\_\_\_\_ Frequent Ear Infections    \_\_\_\_ Heart Defect/Disease  
\_\_\_\_ Convulsions    \_\_\_\_ Diabetes  
\_\_\_\_ Bleeding/Clotting Disorders

**Allergies**

\_\_\_\_ Hay Fever    \_\_\_\_ Ivy Poisoning  
\_\_\_\_ Insect Stings    \_\_\_\_ Penicillin  
\_\_\_\_ Other

Operations or Serious Injuries (List along with approximate date): \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_    Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_    Policy Number: \_\_\_\_\_

Are your immunizations current and on record at your school? \_\_\_\_ Yes \_\_\_\_ No

Date of last Tetanus Immunization: \_\_\_\_\_

*The Area V FFA Association considers this privileged information. It will be used for medical reasons only.*