



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.