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.