

**MEDICAL FORM**  
**NCBA-EASTERN DISTRICT: ALL-DISTRICT CLINIC**

**GENERAL INFORMATION**

Students Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Present Age: \_\_\_ Grade: \_\_\_ School: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Legal Guardian is: \_\_\_\_\_ Home Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

\* In case of emergency, other responsible relative: \_\_\_\_\_

Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_ Relationship to Student: \_\_\_\_\_

School Insurance? YES or NO (circle one)

Family Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**MEDICAL HISTORY**

Known Drug Allergies: \_\_\_\_\_

General Anesthesia Allergies: \_\_\_\_\_

Other Known Allergies: \_\_\_\_\_

Medical condition(s) currently under treatment: \_\_\_\_\_

Medication(s) currently in use: \_\_\_\_\_

Physical disabilities (i.e. asthma, diabetes, etc.): \_\_\_\_\_

Recent surgery: (When and what?) \_\_\_\_\_

Last Tetanus shot/booster date: \_\_\_\_\_

\* Special health problems: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_