



Personal Health And Medical Record Validation

Scout's
Name: _____

Troop No.: 0002

Check if Adult:

Dear Parent or Guardian:

This Personal Health and Medical Record Validation form is being provided to eliminate the cost of unnecessary visits to your physician. The Boy Scouts of America require that a Scout Camper or adult age 39 or under, have a medical evaluation by a licensed physician within the last thirty-six months. Adults age 40 and over require an annual medical evaluation by a licensed physician.

Should the Scout or scouting adult have experienced a significant medical condition (broken bones, severe sprains, allergic reactions, seizures, internal conditions, notable weight gain, etc.) within the past year, please have the physician provide an updated medical form. Class 2 or Class 3 forms must be signed and dated by the attending physician or have a signed physician statement attached.

Annually, you are asked to recheck the health history of the above-named Scout or adult and make corrections/changes as needed, and sign the form below for the current year attesting to it's accuracy.

Your Troop 2 Registrar will maintain this original form and medical forms for the Troop's records and will make copies for use at Scout summer camp. The camp will maintain the form for five years for insurance purposes.

More information can be found in the Troop 2 Policy manual. These guidelines are effective 1 July, 2004.

Annual Medical Record Review and Signature

Date of Last Physical: _____

Date of Birth: _____

Months 1-12

Adult Signature: _____

Date: _____

*Check if
Changes

Months 13-24

Adult Signature: _____

Date: _____

Months 25-36

Adult Signature: _____

Date: _____

* If there is a change to the medical information, attach additional sheet explaining change.