

Health Certificate

Local: _____

Program year: _____

Full name _____

Street address _____

City _____ State _____ ZIP _____

Birth date ____ - ____ - ____ Social Security # _____

Family physician _____ Tel. # (____) _____

Date of last physical exam ____ - ____ - ____ Doctor _____

Dates and reasons for past hospitalizations _____

Company and plan name of medical insurance _____

Policy # _____

Height _____ Weight _____ Blood pressure _____

Place a check next to any of the following you have or have had

_____ Diabetes _____ Epilepsy _____ Hypertension _____ Arthritis

_____ Asthma _____ Heart disease _____ Hepatitis _____ Ulcers

_____ Tuberculosis _____ Anemia _____ Kidney disease _____ Congenital defect

_____ Allergies

How serious/often do you experience allergy problems? _____

Are you allergic to dogs? _____ Cats? _____

If yes, would outside pets still be a concern? _____

Do you take medication for your allergy? _____

How often? _____

Do you wear glasses or contacts? _____

Have you had chest X-rays? _____ Date ____ - ____ - ____ Results if known _____

Have you had an EKG? _____ Date ____ - ____ - ____ Results _____

Have you been immunized against tetanus? _____ Date of last immunization ____ - ____ - ____

List all current medications _____

Are you on a special diet? _____ Are you vegetarian? _____ If so, do you eat chicken, fish or any animal by-product? _____

Religious preference in case of an emergency _____

Medical limitations/special note (to be completed by a physician) _____

Physician's signature _____ Date ____ - ____ - ____

To the best of my knowledge, all of the above information is correct. I believe there is no physical condition or other condition that will limit the full participation by the contestant named above in the Junior Miss program, except if noted above by our physician. Should a medical problem arise, an attempt will be made to notify me by telephone. If I cannot be reached, I give consent to such medical treatment as deemed necessary by a licensed physician or nurse.

Parent/guardian's signature _____ Date ____ - ____ - ____

• In case of an emergency, contact

Home tel. # (____) _____

Relationship _____

Bus. tel. # (____) _____

• In case of an emergency, contact

Home tel. # (____) _____

Relationship _____

Bus. tel. # (____) _____