American Legion Auxiliary

Virginia Girls State, Inc.

MEDICAL HISTORY

Name of participant _____

Parent/Guardian Name _____

Parent/Guardian's Phone (Day) _____ (Evening) _____

Physician's Name and Phone _____

Has your daughter ever had or does she have any of the following medical problems?

	YES	NO		YES	NO
Allergies	____	____	Stomach problems	____	____
Diabetes	____	____	Back pain or injury	____	____
Asthma	____	____	Joint pain or injury	____	____
Severe headaches	____	____	Hepatitis	____	____
Seizures	____	____	Drug problems	____	____
Depression	____	____	Dizziness	____	____
Broken bones	____	____	Visual problems	____	____
High blood pressure	____	____	Ear, nose, throat problems	____	____
Heart problems	____	____	Eating disorders	____	____

Please explain all "YES" answers and any other medical condition not listed above _____
Use the back of this form as needed.
Is your daughter currently under a doctor's care? YES NO If so, for what? _____

List any prescription medications, dosage and frequency _____

List any surgeries and the year _____

Are there any major illnesses in the family? YES NO Describe _____

Date of last physical examination _____

Please inform our VGS nurse of any serious medical concerns or allergies by email at nurse@VaGirlsState.org or through our website contact information at www.VaGirlsState.org.
I hereby certify that the above information is true to the best of my knowledge.

_____ _____
Parent/Guardian Signature Date

BRING THIS FORM WITH YOU TO LONGWOOD UNIVERSITY

Revised 2/14/2018