



2021 Application for NYMN Royal Rangers Junior Leadership Development Academy

Merit, RTC, JTC, AJTC, SAC, SSAC, & JA

Medical Form

to be completed by all trainees

Health History



Last Name _____ First Name _____ MI _____ Suffix _____ Birth date _____
 Outpost # _____

REQUIRED INFORMATION:

General Information: The New York District Royal Rangers Junior Leadership Training Academy has the prerogative to accept or reject any person based upon the Applicant's responses on this form.

Height: _____ Weight: _____ Occupation: _____

Please check Yes or No in corresponding columns to the below question:

	Yes	No		Yes	No		Yes	No
Heart Trouble			Vision Problems			Diabetes		
High Blood Pressure			Wear Contact Lenses			Special diet required		
Lung Problem			Hearing Difficulty			Food Allergies		
Shortness of breath			Ear Problem			Appendix removed		
Allergy – Asthma			Fainting or dizzy spells					
Taking prescription medicine			Skin Infection			Any reaction to drugs or medicine of any type		
Any medical care in past year			Hepatitis in past 6 months			Sinus Condition		
Any surgery within past year			Exposed to infectious disease in past 3 weeks			Any disorder preventing strenuous activity		

Any item above checked Yes please explain below;

Food or Drug Allergies; _____

Current Medications and dosages; _____

Physical Limitations or Medical Facts We Should Know; _____

Other Remarks; _____

Give latest date of inoculation or vaccination against the following: (month/day/year)

Tetanus _____/_____/_____ Small Pox _____/_____/_____ Measles _____/_____/_____

Typhoid _____/_____/_____ Diphtheria _____/_____/_____ Polio _____/_____/_____

IN CASE OF EMERGENCY, CONTACT: Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Applicant or Parent/ Guardian :

Applicant is physically able to attend the NYMN Royal Rangers JLDA WSAC? Yes No

Parent/Legal Guardian Consent: The parent's or legal guardian's signature below indicates the following statement applies to their son;

I, the undersigned, hereby acknowledge that to the best of my knowledge, I qualify for participation in this event and do hereby agree to abide by the rules and standards established for this event by its appointed leadership. I acknowledge that the information provided on this health history form is true and correct and I consent to the administration of emergency medical treatment at the discretion of the event leadership.

Signature of Applicant or Parent or guardian if Applicant is a minor

Date of Signature