



Los Angeles County Sheriff's Department

STARS EXPLORER ACADEMY



MEDICAL HISTORY

The Explorer Academy recommends that all participants have annual medical evaluations by a certified and licensed health-care provider. To provide better care to those who may become ill or injured and to provide participants and adult leaders a better understanding of their own physical capabilities, the Explorer Academy has established minimum standards for providing medical information prior to participating in various activities. Note that our staff must always protect the privacy of participants by protecting their medical information.

Name _____ Date of birth _____ Age _____ Gender _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Health/Accident Insurance Company _____ Policy No. _____

MEDICAL HISTORY

Are you now, or have you been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension/Hypotension	
		Concussion	
		Heart problems	
		Learning Disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Psychiatric/psychological issues	
		Seizures	
		Surgery	
		Other	

Allergies or Reactions to:

Medication: _____

Food, Plants, or insect bites: _____

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form). Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____	Medication _____	Medication _____
Strength _____	Strength _____	Strength _____
Frequency _____	Frequency _____	Frequency _____
Reason for medication _____	Reason for medication _____	Reason for medication _____