



American Legion Auxiliary

Virginia Girls State, Inc.

**MEDICAL HISTORY**

Name of participant: \_\_\_\_\_

Parent /Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Phone: \_\_\_\_\_  
Home Work Cell

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:  
\_\_\_\_\_

You may 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 e-mail 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’s/Guardian’s Signature Date

**BRING THIS FORM WITH YOU TO LONGWOOD UNIVERSITY**