

**The American Legion Junior Shooting Sports Program
Medical History Questionnaire**

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Sex _____ Date of Birth _____

Person to contact in case of an emergency _____

Address _____

City _____ State _____ Zip _____

Phone _____

Medical Insurance Company _____ Policy Number _____

Please circle "YES" or "NO" and provide details where requested. All information will be kept
CONFIDENTIAL

Are you allergic to any medication (including aspirin, penicillin, sulfa, etc)? YES NO
List any allergies you have _____

Do you take any prescribed medication on a permanent or semi-permanent basis? YES NO
List medications and give reason _____

Have you ever had an epileptic seizure? YES NO

Have you ever been told by a doctor that you have epilepsy? YES NO
List medication _____

Have you ever been treated for diabetes? YES NO
List medication _____

Have you ever been told by a doctor that you were anemic? YES NO
When? _____

Have you ever been told by a doctor that you have sickle cell anemia? YES NO

Do you have or have you had high blood pressure? YES NO
List medication _____

Do you have or have you ever had the following?
Heart Disease Give Date _____ YES NO
Lung Disease Give Date _____ YES NO
Kidney Disease Give Date _____ YES NO
Liver Disease Give Date _____ YES NO

Have you ever been told by a doctor that you have asthma? YES NO
List medication _____

Have you ever had a hernia or "rupture"? YES NO
Has it been repaired? YES NO

Have you ever been "knocked out" (unconscious) in the past three years? YES NO
List dates _____

Have you had a concussion or other head injury in the past three years? YES NO
List dates _____

Have you been hospitalized overnight due to a head injury? YES NO
List dates _____

The information above is correct to the best of my knowledge.

Signature of member

Date

If the member is under 18 years of age, a parent or legal guardian must also sign.

Signature of Parent(s)/Guardian(s)

Date