



Ordeal Candidate Information & Medical Form

Member Information

Name:		Email:	
Address:			
City:	State:	Zip Code:	
Phone: ()	Unit Number:	Date of Birth:	
Circle Chapter: Amangi Newo (Hemlock)	Canotka (Cape Fear)	Eluwak (Mawat)	
Eno (Orange)	Impeesa (Baden Powell)	Kato Hochuli (Falls)	
Lumbee Anilorac (Kia Kima)	Natisihi (Moore)	Netami (Crosswinds)	
Neusiok (Neuse River)	Niganit (Tuocs)	Yamni Wakpa (Three Rivers)	
Wazeeyahat (Great Northern)			

Medical Information

Do you: <input type="checkbox"/> have any medical restrictions? <input type="checkbox"/> currently take any medication? <input type="checkbox"/> have any dietary restrictions?	Explain:
Health Insurance Company:	Policy #:
Have or subject to: <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Allergy to medication, food plant, animal, or insect <input type="checkbox"/> Any condition requires special care, medication, or diet <input type="checkbox"/> NONE OF THE ABOVE APPLY	Explain:
Have difficulty with (check if yes): <input type="checkbox"/> Eyes, ears, nose, throat <input type="checkbox"/> Digestion <input type="checkbox"/> Bed-wetting <input type="checkbox"/> Lungs <input type="checkbox"/> Sleepwalking	Explain:
<input type="checkbox"/> Any condition now requiring regular medication?	Name of medication:

Date of Immunizations:
 Tetanus toxoid _____ Polio _____ Mumps _____ Pertussis _____
 Diphtheria _____ Measles _____ Rubella _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. In the event that I cannot be reached in an emergency, I hereby, give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection.

Candidate

Parent or guardian

Signature:	Signature (if candidate is under 18 years):	
x _____ Date: _____	x _____ Date: _____	
	Home Phone:	Mobile Phone: