



# MEDICAL PROFILE

Explorer Agency: \_\_\_\_\_

<b>Explorer Name</b>		<b>DOB</b>	
<b>Address</b>		<b>SSN</b>	
<b>City</b>		<b>Phone</b>	
<b>State</b>		<b>Zip Code</b>	
<b>Legal Guardian</b>		<b>Phone</b>	
<b>Emergency Contact</b>		<b>Phone</b>	

**\*\*\* ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS \*\*\***

<b>Allergies</b>	<b>Medications</b>	<b>Dosage</b>

<b>Medical History</b>			<b>If Yes, Explain</b>
Y	N	Asthma	
Y	N	Bleeding Disorder	
Y	N	Diabetes	
Y	N	Epilepsy/Seizures	
Y	N	Broken Bones	
Y	N	Headaches	
Y	N	Hearing Problems	
Y	N	Heart Condition	
Y	N	High Blood Pressure	
Y	N	Thyroid Disorder	
Y	N	Vision Problems	
<b>ANY OTHER CONIDTION NOT LISTED:</b>			
<b>LAST TETANUS SHOT (circle which applies)</b>		Less than 5 years	More than 5 years

**\*\*\*Physician and Insurance information on next page\*\*\***

