

REVISED - Annual Health and Medical Record

- Annual Health and Medical Record [Prints on single 8.5 x 11 sheets] Annual Health and Medical Record [Prints on 11 x 17 sheets] - The one health and medical record for your use. Replaces former Class 1, 2, and 3 forms, which will be phased out in 2009. The use of the new form, No. 34605, **will be required effective January 1, 2010, as well as for the 2010 National Scout Jamboree.**

Frequently Asked Questions Concerning the Annual Health and Medical Record

Q. Why do we need a new health form?

A. Based on input from individual Scouters, the Order of the Arrow, local councils, health and safety and risk management committees, and high-adventure bases, there was confusion on when to use any of more than 20 different health forms in use across the nation. There was also an immediate need to update a medical form for the 2010 National Scout Jamboree. The Health and Safety Committee took on the challenge and the opportunity to establish one Annual Health and Medical Record for all ages and known risks. It is simple and yet comprehensive enough to be used for both health and wellness evaluations as well as emergency situations.

Q. What are the major changes?

A. A health history is still sufficient for typical activities lasting less than 72 hours (Parts A and C of the new form—similar to the old Class 1 form). For activities lasting longer than 72 hours, a medical evaluation by a health-care provider is now required annually (Part B). For high-adventure activities for which medical care may be delayed, restrictions based on standardized height/weight ratios are now mandatory.

Q. When does the Annual Health and Medical Record go into effect? I am used to the old form and would rather use it.

A. Transition and change can be exciting and easy, especially if it positions the BSA for the future. Everyone should begin using the Annual Health and Medical Record immediately. The existing stock of Class 1, 2, and 3 forms can continue to be used while supplies last in 2009. The only supported form effective January 1, 2010, is the Annual Health and Medical Record. Its use will be mandatory for the 2010 National Scout Jamboree.

Q. Where can I find the Annual Health and Medical Record?

A. It can be found at your council's Scout shop and is posted in a downloadable PDF format on Scouting Safely on Scouting.org.

Q. Can I keep a record of my Annual Health and Medical Record somewhere at my council's office or online?

A. Districts and councils are discouraged from keeping any medical records, whether digital or paper, unless required by local or state ordinances. However, the electronic version of the Annual Health and Medical Record is intended to be filled out and saved by individual Scouts and Scouters. The electronic Annual Health and Medical Record should not be transmitted via e-mail or stored by units, districts, or councils. Units are encouraged to keep paper copies of their participants' Annual Health and Medical Records in a confidential medical file for quick access in an emergency and to be prepared for all adventures.

Q. The old Class 1, 2, and 3 forms were based on age. What about the Annual Health and Medical Record?

A. There is no longer a difference in the exam interval based on age. The Annual Health and Medical Record is for everyone.

Q. There are three parts to the Annual Health and Medical Record, which part do I need to fill out?

A. All participants should fill out Parts A and C for any event. Part B (the physical examination) should be completed if you are participating in an event that exceeds 72 consecutive hours, such as jamborees, summer camps, and Wood Badge training courses. Part B also is required for participation in a resident camp setting or when the nature of the activity is strenuous and demanding such as service projects, work weekends, or high-adventure treks. It is important to note that if the event will take your unit beyond a radius wherein emergency care is more than 30 minutes by ground transportation, the height/weight chart found at the bottom of Part B should be strictly followed. Please note that individual units, districts, or councils may have policies in place to exceed this standard based on their unique risks.

Q. How often will I need to renew/update my Annual Health and Medical Record?

A. This form will need to be updated annually, just as many schools or sporting leagues require an annual update. Many changes can happen throughout a year, including changes in disease processes, medication, address, and insurance.

Q. What is meant by “Annual” and “valid for 12 calendar months”?

A. If you complete your record on March 9, 2009, it will be valid through March 2010, but you must complete a new Annual Health and Medical Record by April 1, 2010. Please note that the 2010 National Scout Jamboree will have a specific window when the record must be submitted.

Q. I have several children in the program and a health care plan that does not provide cheap co-pays for physicals. What can be done to divert the increased cost of participation?

A. Many units, districts, and councils offer physical exams. Facilitating such an event could be a positive experience, as well as decreasing costs. Several county clinics offer physicals at a very low price in order to assist children across the nation maintain a well and healthy life.

Q. I heard a physical for an adult can be very expensive. Is that true?

A. As participants age, physicians (MDs, DOs), NPs, and PAs may require extra testing in order to approve and/or clear their participation in events. Participants who are on medications should already be checked annually.

Q. Do I really need to explain everything about myself or my child, such as learning disabilities or depression? I don't want myself or my child to be treated differently.

A. As hard as it may be to share these aspects about yourself or your child, this information is needed to structure safe activities and is imperative when giving emergency care. Please be thorough and honest. Our experience also indicates that a Scouting activity is not the place to experiment with or stop medications, especially those that address these issues.

Q. Why do I need to put my child's or my own social security number on the record?

A. It is your choice as to whether you fill in this number; however, in many states, medical care cannot be rendered without it.

Q. What does “grade completed” mean?

A. If your son has completed the 6th grade and is currently enrolled in 7th grade, you would enter 6th grade here. You may always update your information more frequently than annually.

Q. What if I don't want to have my child immunized for tetanus or other immunizations due to religious or philosophical reasons, do I have to sign a release?

A. Yes, the recommendations of the immunization task force were accepted by the Health and Safety Support Committee in October 2008 and are listed on Scouting.org under Scouting Safely. If you choose not have your child immunized, the release form can also be found there. Declining or inadequate immunizations will require verification by a certified and licensed physician (MD, DO), NPs, or PAs that a communicable disease is not present. Inadequately immunized participants will be identified so that they can be located in case of a necessity for isolation or quarantine as per local public health official directives

Q. Can I decline medical treatment?

A. Yes, but a release must be signed. The release can be found under Scouting Safely on Scouting.org. This practice is highly discouraged because this choice can put the entire unit at risk, both mentally and physically. Declining medical treatment will require verification by a certified and licensed physician (MD or DO), NP, or PA that a communicable disease is not present.

Q. Can I use another medical exam, such as a school sports exam, and attach it to the Annual Health and Medical Record?

A. No. In an effort to maintain standards of preparedness and fitness for participation, and to make sure that the medical professional conducting the examination knows the various outdoor adventures than can occur in Scouting, the BSA requires completion of Part B. Part B also includes the height/weight chart for high adventure situation where emergency medical care is not readily available.

Q. Why can't I use the Annual Health and Medical Record for participation at the high-adventure bases?

A. The high-adventure bases have very specific activities that are unique to each of them. They each provided valuable input to position the Annual Health and Medical Record for use in the future. YOU are responsible to Be Prepared for your high-adventure trek and understand and follow all high-adventure base rules, procedures, and guidelines.

Q. Why is there a talent release on the Annual Health and Medical Record? It doesn't really have anything to do with health.

A. In response to requests from several councils to eliminate paperwork, we have included the talent release as part of the Annual Health and Medical Record.

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.



BOY SCOUTS OF AMERICA

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).
 IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____

Exemption to immunizations claimed.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on *Scouting.org*.)

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 _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

Part B

PHYSICAL EXAMINATION

Height _____ Weight _____ Meets height/weight limits Yes No Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

Allergies (to what agent, type of reaction, treatment):

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping Competitive activities Backpacking Swimming/water activities Climbing/rappelling
- Sports Horseback riding Scuba diving Mountain biking Challenge ("ropes") course
- Cold-weather activity (<10°F) Wilderness/backcountry treks

Specify restrictions (if none, so state)

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
 - Uncontrolled psychiatric disorders.
 - Poorly controlled diabetes.
 - Orthopedic injuries not cleared by a physician.
 - Newly diagnosed seizure events (within 6 months).
 - For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name _____
 Signature _____
 Address _____
 City, state, zip _____
 Office phone _____
 Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B Last name: _____ **DOB:** _____

Part C

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

- Without restrictions.
- With special considerations or restrictions (list)

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes No

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



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Part C **Last name:** _____ **DOB:** _____