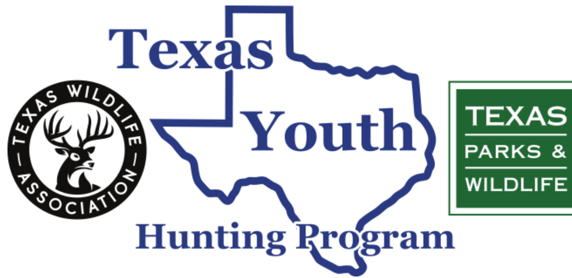

6644 FM 1102, New Braunfels, Texas 78132
Toll Free: (800) 460-5494 ~Fax (210) 524-9032
WWW.TYHP.ORG

Texas Youth Hunting Program Health History

(Print and complete one form for each person attending hunt)

NAME AND DATE OF YOUTH HUNT ____

PARTICIPANT & EMERGENCY CONTACT INFORMATION ☐ Youth ☐ Accompanying Adult ☐ Volunteer

Participant Legal Name:

____
First Middle Last

Gender: ☐ Male ☐ Female **Birthdate:** _____/______/_____ **Age:** ______ years

Home Address: ____
Street Address City State Zip Code

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: ______________________________________ Relationship to Minor: __________________________

Phone: _______________________ Email: ____

Second parent/guardian or another emergency contact:

Name: ______________________________________ Relationship to Minor: __________________________

Phone: _______________________ Email: ____

ALLERGIES Participant: ☐ **Has no known allergies** ☐ **Is allergic to:**

☐ **Food**:
- ☐ Lactose intolerant
- ☐ Gluten intolerant
- ☐ Other

☐ **Medicine**:
- ☐ Penicillin
- ☐ Other

☐ **Environment**:
- ☐ Insect stings
- ☐ Hay fever
- ☐ Other

☐ **Other**

Please list and describe the reaction and severity of all known allergies:

Allergy: __________________________________ Reaction: ___________________________________
Allergy: __________________________________ Reaction: ___________________________________
Allergy: __________________________________ Reaction: ___________________________________
Allergy: __________________________________ Reaction: ___________________________________

PHYSICIAN INFORMATION *You may attach a front/back copy of your insurance card instead.*

Name of Physician: ____________________________ Phone Number: ______________________________

Are your immunizations current and on record? ☐ Yes ☐ No Date of last tetanus shot ______________________

GENERAL HEALTH HISTORY

Do/have you: | If yes, briefly explain:

#	Question	Answer	If yes, briefly explain
1.	Ever been hospitalized?	☐ Yes ☐ No	___
2.	Ever had surgery?	☐ Yes ☐ No	___
3.	Have recurrent/chronic illnesses?	☐ Yes ☐ No	___
4.	Had a recent infectious disease?	☐ Yes ☐ No	___
5.	Had a recent injury?	☐ Yes ☐ No	___
6.	Had asthma/wheezing/shortness of breath?	☐ Yes ☐ No	___
7.	Have diabetes?	☐ Yes ☐ No	___
8.	Had seizures?	☐ Yes ☐ No	___
9.	Had reoccurring headaches?	☐ Yes ☐ No	___
10.	Wear glasses, contacts, or protective eyewear?	☐ Yes ☐ No	___
11.	Had fainting or dizziness?	☐ Yes ☐ No	___
12.	Passed out/had chest pain during exercise?	☐ Yes ☐ No	___
13.	Have problems with falling asleep/sleepwalking?	☐ Yes ☐ No	___
14.	Ever had back/joint problems?	☐ Yes ☐ No	___
15.	Have any skin problems?	☐ Yes ☐ No	___
16.	Traveled outside of the country in the past 9 months?	☐ Yes ☐ No	___

Please use the space below to **further explain any "yes" answers**, noting the number of the question. For travel outside of the country, please name countries visited/dates of travel:

____

____

____

What have we forgotten to ask?

Please provide any additional information about your health that you feel is relevant or may affect your full participation in event activities:

____

____

____

COVID-19 HISTORY

Have you or anyone in your immediate family been exposed to or been diagnosed with Covid-19?

☐ Yes ☐ No Please explain date and type of exposure: ______________________________

I do not currently suffer from any of the following acute symptoms: ____________________ Initials

• Cough • Shortness of breath or difficulty breathing • Chills • Repeated shaking with chills • Feeling feverish or a temperature greater than or equal to 100.4 degree Fahrenheit	• Muscle pain • Headache • Sore Throat • Loss of taste of smell • Diarrhea

I ______________________________ authorize this form to be retained at the TYHP office. Neither this form nor any information on it will be released to any persons or agency.

______________________________ (sign) ______________________________ (date)

Temperature log			
Friday	**Saturday**	**Sunday**	**Log Each Temperature as follows:** Friday at registration Saturday and Sunday before departing for morning (AM) hunts