



THE *SCOUT* ASSOCIATION
OF MALTA

Xghajra Scout Group

Health Form

Name:			
Condition	Yes	No	Medication
Diabetes			
High Blood Pressure			
Heart disease			
Asthma			
Lung disease			
Ear / Eyes / Nose / Sinus problems			
Blood disorder			
Fainting spells and dizziness			
Kidney disease			
Stomach problems			
Thyroid disease			
Allergies:			
Other Conditions not covered above:			

In case of emergency, notify the person below:

Full Name: _____

ID Number: _____

Telephone No: _____

Mobile No: _____

I, _____ (Parent) confirm that the information about myself/ my son or daughter is correct. I will be responsible to advise if any personal data from the above will be changed.

Signature



Xghajra Scout Group - Delle Grazie Battery, Triq Dwardu Ellul, Xghajra

Email: info@xghajrascouts.org Website: www.xghajrascouts.org

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