Free Spirit Experience in Israel
Health History

Please take your time going through the following questions. We would love to get to know you better and prepare for your arrival. If you wish, discuss the confidentiality of your answers with your parents so you can send this form to us directly.

Part I Participant Information

First Name	Last Name
Date of Birth	email address
Address	Phone number

Part II Parents / Guardians Information

First Name	Last Name	Relationship	Date of Birth	Cell number	email

Part III HealtheCare Provider Information (Medical, Psychiatry and counseling)

Provider Name/Specialty	Date of Last Appointment	Name of Facility/Practice	Phone number	email

Part IV Allergies

Food/Medication/Environmental	Reaction and Severity (e.g. rash, hives, facial swelling)

Part V Medications

Alternatively, request a list of your medications from your pharmacy or provider

Medication Name	Frequency	Dose	Route (oral, inhaled, injection)	Condition for which Medication is Prescribed

**Please find out from your physician if you are able to take any medications for sea sickness and if so which ones - We recommend you bring your own for the sail to Cyprus*

- ☐ Not able to take any sea sickness medications
- ☐ Bringing sea sickness medications for personal use (Will be locked in our med cabinet)
- ☐ Can take this sea sickness medications if necessary:
- ☐ Can take any sea sickness medications if needed

Part VI Past Medical History (Please check all that apply)

Eyes/Ears	Neurological	Heart
☐ Problems with vision ☐ Problems with hearing ☐ Other problems with ears ☐ Vertigo (dizziness)	☐ Hemiplegia ☐ Seizure Disorder (not on meds) ☐ Epilepsy (currently on meds) ☐ Loss of consciousness ☐ Depression ☐ Cerebral Palsy ☐ Other	☐ Heart Disease ☐ Irregular Heart Rhythm ☐ Atrial Fibrillation ☐ High Blood Pressure ☐ Other
Details	Details	Details
Lungs	**Endocrine**	**Liver/Pancreas/Kidney**
☐ COPD (Chronic Obstructive Pulmonary Disease) ☐ Emphysema ☐ Asthma ☐ Chronic Bronchitis ☐ Other	☐ Diabetes ☐ Diabetes Type II ☐ Diabetes Type I ☐ Pre-Diabetes ☐ Hemophilia/clotting disorder ☐ Other Blood disorder ☐ Other	☐ Liver Disease/Disorder ☐ Hepatitis ☐ Chronic Pancreatitis ☐ Celiac Disease (gluten sensitivity) ☐ Other

Details	Details	Details
Gastrointestinal	**Bone**	**Skin/Circulatory**
☐ Inflammatory Bowel Disease ☐ Crohn's Disease ☐ Peptic Ulcer Disease ☐ Abnormal loss of weight ☐ Other	☐ Vertebral Fracture(s) ☐ Hip Fracture(s) ☐ Other bone Fructures (Specify) ☐ Structural Chronic pain ◯ Diagnosed ◯ Undiagnosed ☐ Other Bone/Structural issues ☐ Other	☐ Skin Sore or Ulcer ☐ Non-healing wounds ☐ Other
Details	Details	Details

Part VII Developmental History

Complications during pregnancy

Complications during birth

Temperament (emotional reaction to noise and other stimuli) during the first year of life

Major milestone delays

Major events during childhood (family events, injuries, etc.)

Social – _Emotional development delays or deficits

Part VIII Vaccination History

Vaccine	Received			Date(s) (if known) mm/yyyy
	Yes	No	Not Sure	
Tetnus, Dtap/Tdap	○	○	○	
Tetnus booster (dt/Tdap)	○	○	○	
Mumps, Measles, Rubella (MMR)	○	○	○	
COVID-19	○	○	○	
Pneumonia	○	○	○	
Haemophilus Influenzae Type B	○	○	○	
Vericella (Chkn Pox), or Hx	○	○	○	
Hepatitis B (3 shot series)	○	○	○	
Hepatitis A (3 shot series)	○	○	○	
Meningococcal Meningitis (MCV4)	○	○	○	
TB recent test/shot	○	○	○	

Part IX Hospitalizations and Major Illnesses or Injuries

Type	Date (mm/yyyy)	Briefly describe the major illness, injury and/or reason for hospitalization
☐ Hospitalization ☐ Major Illness ☐ Injury		
☐ Hospitalization ☐ Major Illness ☐ Injury		
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☐ Hospitalization ☐ Major Illness ☐ Injury		
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☐ Hospitalization ☐ Major Illness ☐ Injury		