

# Youth Conservation Corps Medical History

NOTE: The collection of this information is authorized by Public Law 93-408. The purpose of this data is to safeguard the health, safety and welfare of the enrollees of the YCC programs and may be provided to a physician in the event treatment is necessary. This information is requested on a voluntary basis; however, failure to complete this form will result in exclusion from the program.

**Part I - To be completed by applicant**

1. Name ( <i>Last, First, Middle Initial</i> )	2. Address ( <i>Street, City, State, including Zip Code</i> )
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3. Do you have health and accident insurance?  ___ Yes ___ No If yes, list name of insurer in block 4.	4. Insured by and policy number.	5. Date of birth ( <i>Mo/Da/Yr</i> )
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6. Diseases ( <i>Enter x if you have had any of the diseases.</i> )  ___ Rheumatic ___ Tuberculosis ___ Diabetes	7. Describe treatment if disease marked in block 6.
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8. Have you had or are you having any of the following health conditions (*Circle where appropriate and describe on back*)

**Allergies**

Hay fever  
Asthma  
Poison ivy or oak  
Insect stings  
Skin condition  
Other (*identify*)  
\_\_\_\_\_

**Frequent Infections**

Colds  
Sore throat  
Ear ache  
Bladder or intestinal infection  
Venereal disease  
Other (*identify*)  
\_\_\_\_\_

Convulsions  
Fainting  
Sleep walking  
Headache  
Stuttering  
Nervous condition  
Ulcers

**Other health conditions**

Hernia  
Poor hearing  
Difficulty with sense of balance  
Poor vision  
Problem with blood not clotting  
Defects in legs or feet

Diabetic  
Pregnancy  
Swollen or painful joints  
Shortness of breath  
Chest pains  
Easy fatigue  
Heart condition

Emotional problem  
Back trouble or injury  
Persistent cough  
Rheumatism or arthritis  
Loss of weight  
Lyme disease  
Other (*identify*)  
\_\_\_\_\_

9. a. Are you currently taking any medication? \_\_\_ Yes \_\_\_ No - if yes, explain on back.

b. Are you allergic to any medications? \_\_\_ Yes \_\_\_ No - if yes, explain on back.

10. Immunization history (*Enter x where appropriate and dates as indicated. A Tetanus and Diphtheria shot is required unless you have received one or a booster within the last ten years*)

	Date of original series	Date of last booster to insure immunization
___ Diphtheria	_____	_____
___ Polio Vaccine	_____	_____
___ Tetanus Toxoid	_____	_____

To my knowledge, I have not been exposed to a contagious or infectious disease in the past three weeks, and I am in a state of health which would allow full participation in all YCC activities.

Signature ( <i>Read above statement before signing</i> )	Date
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**Part II - To be completed by parent or guardian of the applicant**

This is to certify that I am familiar with the Youth Conservation Corps Program and that I give my consent to my son/daughter/ward to participate with the program as a YCC member. I understand that I will not hold the United States Government responsible for any non-program accident or illness and I authorize first aid or emergency medical care to be performed at the nearest most adequate facility approved by the YCC.

1. Emergency contact ( <i>Name and Relationship</i> )	2. Home Phone  (    )	3. Work Phone  (    )
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4. Address (Street, City, State and Zip Code)

5. Signature (Parent or Guardian)	6. Date
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Identify in remarks block, any condition that would restrict full participation and describe any special care or treatment that may be required.

**Basic functional requirements for outdoor work**

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|--------------------------------------|-------------------------|--|
| 1. Heavy lifting, 45 pounds and over | 8. Both hands required  | 15. Climbing, use of legs and arms                                       |
| 2. Heavy carrying 45 pounds and over | 9. Walking              | 16. Both legs required   |
| 3. Straight pulling                  | 10. Standing            | 17. Far vision correctable in one eye to 20/20 and to 20/40 in the other |
| 4. Pulling hand over hand            | 11. Crawling            | 18. Hearing (aid permitted)  |
| 5. Pushing                           | 12. Kneeling            |  |
| 6. Reaching above shoulder           | 13. Repeated bending    |  |
| 7. Use of fingers                    | 14. Climbing, legs only |  |

**Environmental factors**

- |                                   |   |                                       |
|-----------------------------------|---|---------------------------------------|
| 1. Outside                        | 6. Dry atmospheric conditions                 | 11. Working on ladders or scaffolding |
| 2. Excessive heat                 | 7. Excessive noise, intermittent              | 12. Working with hands in water       |
| 3. Excessive cold                 | 8. Dust                                       | 13. Working closely with others       |
| 4. Excessive humidity             | 9. Slippery or uneven walking surfaces        | 14. Working alone                     |
| 5. Excessive dampness or chilling | 10. Working around moving objects or vehicles |                                       |

REMARKS (*Enter information regarding any prescribed medication, reactions to penicillin or any drugs and/or any other health problems of which we should be made aware.*)

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM; Room 404-W. Washington, D.C. 20250; and to the Office of Management and Budget Paperwork Reduction Project (OMB #0596-0084), Washington, D.C. 20503.

7. FS Reviewing officer's signature	8. Date
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