UC San Diego Sports Camps Medical/Insurance Information

	<u> </u>	First Name	Age	Gender	Date of Birth
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11/GU 200	ardian name		 itv	State	Zip
se of	emergency, please no	 otify:	···y		Σιρ
·		_ Relationship	(I	Home)	(Work)
h Car	re Carrier			HMO PI	20
/Num	ber	Name	of member_		
UE	NI TU UISTODY (Chook	/Evalaia)			
TIE.	ALTH HISTORY (Check	/Explain)	IMI	MUNIZATION	
	Frequent Ear Infection	ins	C	heck if up to date	a)
	Heart Disease/Defect			DPT	-,
	Diabetes	•		Rubella	
	Hypertension		_	Tetanus	
	Mononucleosis			Oral Polio	
_	Bleeding/Clotting Dis	orders		Measles	
_	Bed wetting problem			Mumps	
_	Sleep Walker		_	Marrips	
_	Convulsions		ΔΙ	LERGIES (Check/E	vnlain)
ū	Other			Hay Fever	Драна
	Operations/Serious II			Asthma	
	Disability/Recurring I			Insect Stings	
	Dietary Modification	1111633		Penicillin	
	Orthopedic/sports inj	urios			cify)
	Of thopedic/sports inj	uries			
DIS	EASES				
			Гол	mily Physician	
_	Chicken Pox		_ rai		
	Chicken Pox Mumps		_	Phone	
	Mumps		- 	Phone mily Dentist	
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0	Mumps Measles German Measles		- - Fai -	Phone mily Dentist Phone	
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SIGNATURE_____DATE____