Health Questionnaire

Landespfingstlager 2015, BdP LV Niedersachsen e.V.

Please fill in the following questionnaire. Be so kind and answer all questions completely and precise. Sign it yourself or let it sign by your parents or legal guardians if you're under aged. Then give it to your scout group leader!

name, first name	date of birth	nationality

street, house number

postcode, location, country	scout group

Which inoculations do you had?
Schutzimpfungen

☐ **tetanus** Tetanus	☐ **hepatits a** Hepatitis A	☐ **hepatitis b** Hepatitis B	☐ **diphtheria** Diphtherie	☐ **polio** Polio	☐ **measles** Masern	☐ **mumps** Mumps

☐ **rubella** Röteln	☐ **early summer meningoencephalitis** FSME	☐ **pertussis** Keuchhusten	☐ **varicella** Windpocken

Which other diseases and operations do you have/had? (e.g. asthma, pollenosis, epilepsia, others):
Bekannte Vorerkrankungen/Operationen (z.B. Asthma, Heuschnupfen, Epilepsie und weitere):

Are you aware of any allergies? (drugs, food, others):
Bekannte Allergien (Medikamenten-, Lebensmittel-, sonstige Allergien):

Which long-term and other medications do you take? (with dosage):
Folgende Dauermedikation oder Bedarfsmedikation wird eingenommen und mitgeführt (mit Dosierung):

☐ **I take the medication by myself** (Die Medikamente werden selbstständig eingenommen)

☐ **My group leader cares for the correct intake of the medication** (Die Gruppenleitung sorgt für die regelmäßige Einnahme der Medikamente)

Further, on what we have to pay attention? (health specifics, restrictions in treatment)
Darüber hinaus ist auf folgendes zu achten: (Gesundheitliche Besonderheiten, Einschränkungen in der Behandlung)

If you have a health insurance, which is valid for the European Union, too, enter the name and the number of it:

☐ **In case of disease or accident, following persons are allowed to decide on treatments and to consent to medical interventions (e.g. X-ray, stitch a wound).**
Im Falle einer Erkrankung oder eines Unfalls dürfen folgende Personen über Behandlungen entscheiden und in medizinische Eingriffe (z.B. Röntgen, Naht einer Wunde) einwilligen.

name, first name	date of birth	function

☐ **in case of disease or accident, only the parents or legal guardian are allowed to decide on treatments**
Im Falle einer Erkrankung oder eines Unfalls darf/dürfen nur die Erziehungs-/Sorgeberechtigten über Behandlungen entscheiden.

Attention: In case of life-threatening diseases or accidents, the treating doctor decides on necessary measures.

Achtung: Bei akut lebensbedrohlichen Erkrankungen entscheidet über notwendige Maßnahmen grundsätzlich der behandelnde Arzt.

I am/We are on call by following contacts:
Ich bin/wir sind jederzeit wie folgt zu erreichen:

name, first name	phone number (with country code!)	mobile (with country code!)
street, house number		**postcode, location**
name, first name	phone number (with country code!)	mobile (with country code!)
street, house number		**postcode, location**

In case of signature by only one parent or legal guardian, he/she assures the consent of the other parent/legal guardian, too.
I/We agree, that the medical facts from this questionnare will be saved for the required by law documentation. After the legally retention period the facts will be deleted.

Also full-aged people have to fill in this health questionnaire!

_____   _____
Location, Date, Signature   Location, date, Signature