



Bund der Pfadfinderinnen & Pfadfinder e.V.



Health Questionnaire

Landespflingstlager 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
street, house number		
<input type="text"/>		
postcode, location, country		scout group
<input type="text"/>		<input type="text"/>
Which inoculations do you had? Schutzimpfungen		
<input type="checkbox"/> tetanus Tetanus	<input type="checkbox"/> hepatitis a Hepatitis A	<input type="checkbox"/> hepatitis b Hepatitis B
<input type="checkbox"/> diphtheria Diphtherie	<input type="checkbox"/> polio Polio	<input type="checkbox"/> measles Masern
<input type="checkbox"/> rubella Röteln	<input type="checkbox"/> early summer meningoencephalitis FSME	<input type="checkbox"/> mumps Mumps
<input type="checkbox"/> pertussis Keuchhusten	<input type="checkbox"/> varicella Windpocken	
Which other diseases and operations do you have/had? (e.g. asthma, pollenosis, epilepsy, others): Bekannte Vorerkrankungen/Operationen (z.B. Asthma, Heuschnupfen, Epilepsie und weitere):		
<input type="text"/>		
Are you aware of any allergies? (drugs, food, others): Bekannte Allergien (Medikamenten-, Lebensmittel-, sonstige Allergien):		
<input type="text"/>		
Which long-term and other medications do you take? (with dosage): Folgende Dauermedikation oder Bedarfsmedikation wird eingenommen und mitgeführt (mit Dosierung):		
<input type="text"/>		
<input type="checkbox"/> I take the medication by myself (Die Medikamente werden selbstständig eingenommen) <input type="checkbox"/> 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:		
<input type="checkbox"/> 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
<input type="checkbox"/> 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 questionnaire 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