

How to Complete the BSA Health Form, Parts A, B and C

This guide provides information for completing the annual BSA health form.

The latest version of the form has "680-001 2104 Printing" in the lower right hand corner. Verify you are completing the latest version of the form because if you use an older version, your form will not be accepted for Boy Scout Summer Camp.

The forms are located on the Troop 615 website:

<http://www.bsa615.com/documents/forms/>

All scouts must complete the BSA health form each year regardless of whether the scout attends Boy Scout Summer Camp or the monthly outings.

For scouts attending Boy Scout Summer Camp, complete Parts A, B and C and a copy of both sides of the health insurance card. Part C requires a physician's signature. Provide 3 copies of Parts A, B and C and a copy of both sides of the health insurance card to the Troop 615 Health Form Coordinator.

For scouts not attending Boy Scout Summer Camp, complete Parts A and B and a copy of both sides of the health insurance card and provide 2 copies to the Troop 615 Health Form Coordinator.

Adults and siblings attending Boy Scout Summer Camp or any of the monthly outings, must complete the health form.

For adults attending Boy Scout Summer Camp, complete Parts A, B and C and a copy of both sides of the health insurance card. Part C requires a physician's signature. Provide 3 copies of Parts A, B and C and a copy of both sides of the health insurance card to the Troop 615 Health Form Coordinator.

For adults and siblings attending the monthly outings, complete Parts A and B and a copy of both sides of the health insurance card and provide 2 copies to the Troop 615 Health Form Coordinator.

BSA Health Form, Part A

All questions must be answered. If the question does not apply, write "N/A" or "None". Do not leave any questions blank.

Sign and date the form. If the form is for a scout, both the scout and parent must sign the form.

BSA Health Form, Part B

All questions must have an answer. If the question does not apply, write "N/A" or "None". Do not leave any questions blank.

Part A, Page 1, General Information/Health History Section

- Unit Leader is "Dr. Bruce Anderson"
- Council Name is "Baltimore Area Council"
- Unit No. is "615"

Be sure to include a copy of both sides of your health insurance card.

Part B, Page 1, Health History Section

Answer all questions by filling in the corresponding check box for "Yes" or "No". For any "Yes" answers, provide additional information in the text box to the right. All "Yes" answers need to have additional information. If you do not have any additional information to provide, enter "N/A" or "None".

Part B, Page 2, Health History Section

For the immunizations, you must answer "Yes" or "No" or "Had Disease" for each listed immunization. If you attach a shot record instead of entering the dates on the BSA health form, enter "See attached" in the "Date" column.

BSA Health Form, Part C

Part C must be completed by a physician. All questions must have an answer. If the question does not apply, write "N/A" or "None". Do not leave any questions blank.

Part C has 2 columns of questions for the physician to answer. Double check that the physician answered both columns of questions.

Part C has a box labeled "Examiner signature." Double check that the physician signed in this box.