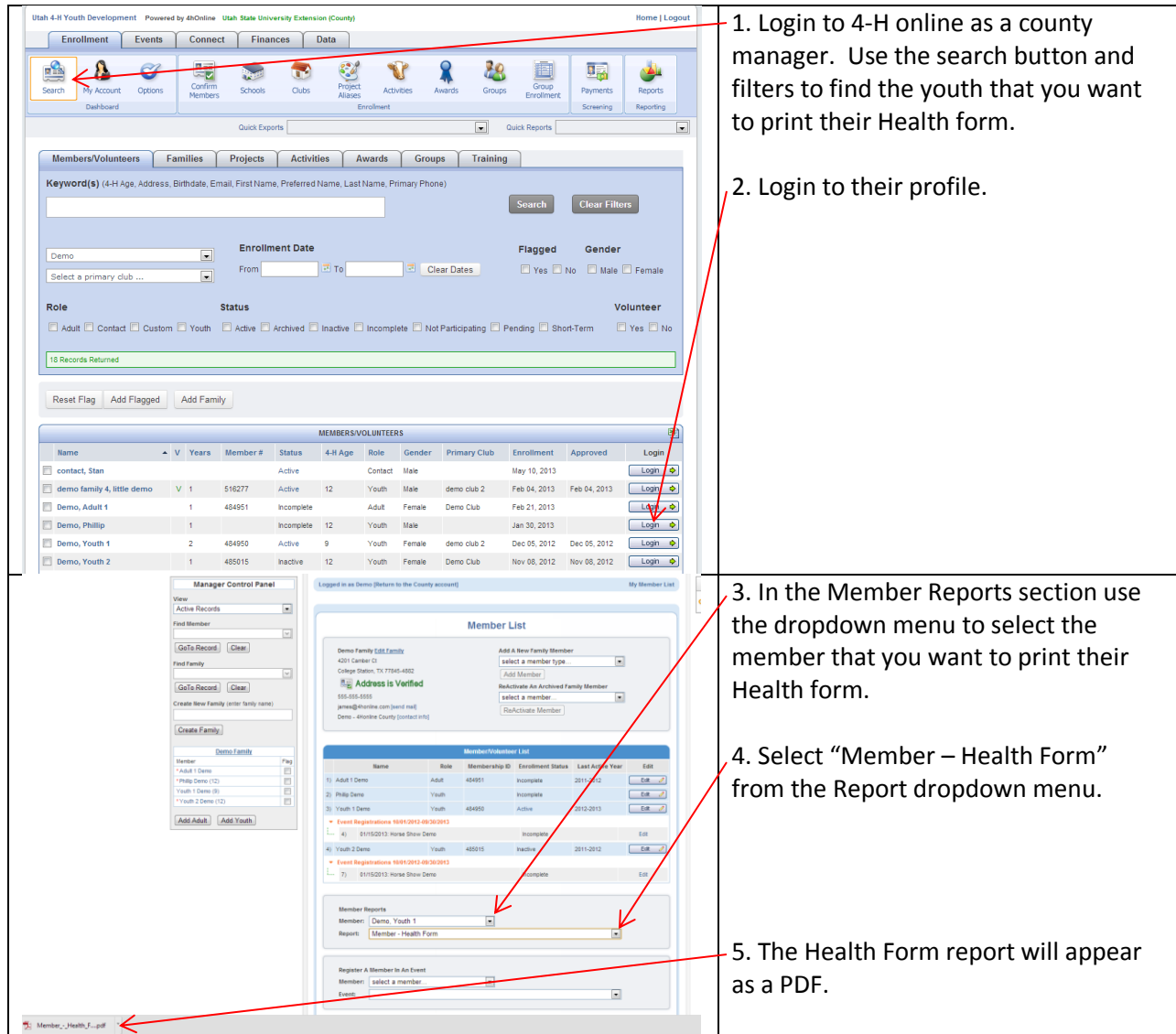


Running Member Health Forms



1. Login to 4-H online as a county manager. Use the search button and filters to find the youth that you want to print their Health form.

2. Login to their profile.

3. In the Member Reports section use the dropdown menu to select the member that you want to print their Health form.

4. Select "Member – Health Form" from the Report dropdown menu.

5. The Health Form report will appear as a PDF.

The screenshot shows the following interface elements:

- Navigation Bar:** Enrollment, Events, Connect, Finances, Data
- Search Bar:** Keyword(s) (4-H Age, Address, Birthdate, Email, First Name, Preferred Name, Last Name, Primary Phone)
- Filters:** Enrollment Date, Flagged, Gender, Role, Status, Volunteer
- Members/Volunteers Table:**

Name	V	Years	Member #	Status	4-H Age	Role	Gender	Primary Club	Enrollment	Approved	Login
contact, Stan				Active	Contact	Male			May 10, 2013		Login
demo family 4, little demo	V	1	516277	Active	12	Youth	Male	demo club 2	Feb 04, 2013	Feb 04, 2013	Login
Demo, Adult 1		1	484951	Incomplete	12	Adult	Female	Demo Club	Feb 21, 2013		Login
Demo, Phillip		1	484950	Incomplete	12	Youth	Male		Jan 30, 2013		Login
Demo, Youth 1		2	484950	Active	9	Youth	Female	demo club 2	Dec 05, 2012	Dec 05, 2012	Login
Demo, Youth 2		1	485015	Inactive	12	Youth	Female	Demo Club	Nov 08, 2012	Nov 08, 2012	Login
- Member List:** Shows details for "Demo Family 4, little demo" with a "Member - Health Form" report option.
- Member Reports:** A dropdown menu showing "Member - Health Form" selected.
- PDF Output:** A small icon at the bottom left labeled "Member_Health_F_...pdf".

4HOnline

Demo, Phillip**Demo**

james@4honline.com

Name	County	Middle Name	Family Email
First Name	Phillip		
Last Name	Demo	Mailing Address	4201 Camber Ct
Mailing Address 2		City	College Station
State	TX	Zip Code	77945-4882
Birth Date	12/29/2000	Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone	555-555-5555	Cell Phone	
Grade	06		

Parent / Guardian 1

First Name	dad	Last Name	demodad
Cell Phone		Work Phone	
Work Extension			

Parent / Guardian 2

First Name	Stanley	Last Name	Guy
Cell Phone	435-797-3221	Work Phone	435-797-3221
Work Extension			

Second Household

Family Name	First Names
Primary Phone	435-797-3221

Emergency Contact

Name	democcontact	Phone	555-555-5555
Email	stanley.guy@usu.edu	Relationship	Uncle

Health Questions

Emergency and Medical Information			
Relatives or friends to act in my behalf in case of emergency if I cannot be reached:			
Second emergency contact name		Second emergency contact phone	
Second emergency contact cell phone		Second emergency contact relationship	
Family physician	Dr. Suess	Physician's phone number	555-555-5555
Date of last tetanus		My child has the following allergies, medical concerns or special needs (please include any food or drug allergies)	

Note: If bringing medications to the event, please make sure your name is on them and that the adult in charge is advised of the directions.

6. This is what the Health Form report looks like.

You will need to do this for each youth that you want a hard copy of the health form report. Parent signatures are not included on this form. The "signatures" are included in the "Member-Authorization Form".