

**Medical Questionnaire for Visitors to the
University of Guelph Honeybee Research Centre**

Name: _____ Age: _____

Do you have any allergies? No Yes

If yes, to what? _____

Have you ever had a reaction to an insect bite or sting? No Yes

If yes, describe the reaction _____

Have you ever had a reaction where you have had difficulty breathing because of an insect bite or sting? No Yes

Signature _____ Date _____

Parent/Guardian

Please print this page and complete for EACH attendee