

Immunizations (please state month and year)

Tetanus _____ Polio _____ Measles (Rubella) _____

Health History

	Yes	No	Date	Please elaborate(especially on those conditions that might be aggravated)
Allergies				
Asthma				
Congenital Problem				
Diabetes				
Epilepsy				
Heart				
Ankle Injuries				
Back Injuries				
Head/Neck				
Shoulder Injuries				
Elbow Injuries				
Wrist Injuries				
Hand Injuries				
Finger Injuries				
Other Injuries				

1.) Height _____ Weight _____

2.) Is there any psychosocial or physical condition for which participant is currently under professional care? NO _____ YES _____

3.) Is the participant currently taking any medication? NO _____ YES _____
If so, please name the drug(s), dosage and frequency needed:

4.) List my known drug allergies: _____

5.) Please elaborate on any medical conditions we should be aware of:

6.) Comments: _____

7.) Please list any injuries the participant has suffered in the last two months:

Explain: _____

STATE OF _____ }
COUNTY _____ }

SWORE TO BEFORE ME, a Notary Public, by said _____ personally known to me this .
_____ day of _____, 19__

Notary Public

My Commission Expires _____