

Immunizations: (please state month and year)

Tetanus: _____ Polio: _____ Measles (Rubella): _____

<u>Health History</u>	Yes	No	Date	Please elaborate (especially on those conditions that might be aggravated.)
Allergies	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Congenital problem	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Ankle Injuries	_____	_____	_____	_____
Knee Injuries	_____	_____	_____	_____
Back Injuries	_____	_____	_____	_____
Head/Neck Injuries	_____	_____	_____	_____
Shoulder Injuries	_____	_____	_____	_____
Elbow Injuries	_____	_____	_____	_____
Wrist Injuries	_____	_____	_____	_____
Hand Injuries	_____	_____	_____	_____
Finger Injuries	_____	_____	_____	_____
Other Injuries	_____	_____	_____	_____

- 1.) Height _____ Weight: _____
- 2.) Is there an psycho-social or physical condition for which the participant is currently under professional care? No Yes
- 3.) Is the participant currently taking any medications? No Yes
If so, please name the drug(s), dosage and frequency needed: _____

- 4.) List any known allergies: _____
- 5) Please elaborate on any medical conditions of which we should be aware: _____

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

- 8.) State special instructions to follow in case of an emergency: _____

