

Immunizations (please state month and year)

Tetanus _____ Polio _____ Measles(Rubella) _____

Health History

conditions	Yes	No	Date	Please elaborate (especially on those 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 any 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 we should be aware of:

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 emergency _____
