



**Immunizations** (please state month and year)

Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Measles(Rubella) \_\_\_\_\_

**Health History**

<u>Conditions</u>	<u>Yes</u>	<u>No</u>	<u>Date</u>	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 of which we should be aware:

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

7) State special instructions to follow in case of emergency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_