

HEALTH HISTORY

	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 ANY PSYCHO-SOCIAL OR PHYSICAL CONDITION FOR WHICH THIS PARTICIPANT IS CURRENTLY UNDER PROFESSIONAL _____

3.) IS THE PARTICIPANT CURRENTLY TAKING MEDICATION? NO _____ YES _____
IF SO, PLEASE NAME THE DRUG(S), DOSAGE AND FREQUENCY NEEDED:

4.) LIST ANY 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 RECEIVED IN THE LAST 2 MONTHS: _____

EXPLAIN: _____