

Immunizations (please state month and year)

Tetanus _____ Polio _____ Measles (Rubella) _____

Health Histories

	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				
Head Injuries				
Finger Injuries				
Other Injuries				

Height _____ Weight _____

Is there any psychosocial or physical condition for which the participant is currently under professional care? No _____ Yes _____

Is the participant currently taking any medications? No _____ Yes _____

If so, please name the drug(s), dosage and frequency needed:

Please elaborate on any other conditions we should be aware of:

Please list and explain any injuries that the participant has suffered in the past two months:
