

Participant Medical Information

In the interest of your safety and well being it is imperative that you disclose specific pertinent and current medical information. All information is strictly confidential and will only be communicated to medical professionals in the event of an accident or medical event. Thanks for your cooperation and compliance in this important matter.

Name _____ Date of Birth _____

Height _____ Weight _____ Gender _____

Emergency Contact Information:

Name _____ Relationship _____

Phone number (W) _____ (H) _____

Personal Physician _____ Phone number _____

Medical/Health Insurance Company _____

Policy number _____ Company Contact number _____

Do you have any permanent or temporary physical or health conditions that would limit your ability to participate in any training activities?.....No Yes

Do you have any chronic or recurring injuries?.....No Yes

Are you taking any medications (OTC or prescription) at this time?.....No Yes

Do you have any allergies or reaction to any foods, plants, medications, or insects that you are aware of at this time?.....No Yes

Have you had any surgery(s) or medical procedures in the last 5 years which would limit your participation in vigorous training?.....No Yes

If you answered yes to any of the above, please give history and explanations:.. _____

Do you have a history of:

____ Diabetes ____ Skin Conditions ____ Asthma
____ Hearing issues ____ High Blood pressure ____ TB
____ Heart Palpitations ____ Hernia/Rupture ____ Heart Attack
____ Convulsions/Epilepsy ____ Heart Disease ____ Stroke
____ Ulcers/Stomach/Digestive Issues ____ Heart Murmur
____ Alcohol/Substance Issues
____ Other health issues

If you answered yes to any of the above, please explain: _____

Do you have any issues with your eyes or vision?.....No Yes

Do you wear corrective contact lens or eyeglasses?.....No Yes

Are you pregnant?.....No Yes

Resting Vitals:

Blood Pressure _____ Heart Rate _____

Please use the back of this form to convey any other pertinent medical or health information.