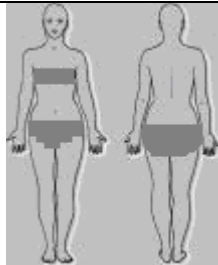
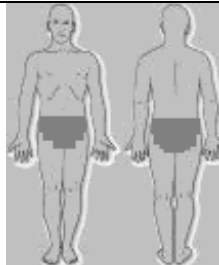




Medical History Form

Texas Rowing Center

Health History/Assessment:		
Name of Participant:	Address:	Contact Numbers:
E-Mail:	Emergency Contact:	Date of Birth:
Please indicate by circling if the participant has ever been treated/diagnosed with the following:	<ul style="list-style-type: none"> • Heart condition/disease • Arthritis • Epilepsy/Seizures • Pregnancy • Diabetes • Asthma • Breathing disorder • Chest pain • High blood pressure • Allergies Other:	<ul style="list-style-type: none"> • Recent injury or illness • Surgery within the past 12 months • Muscle, bone, joint, back problem or pain • Shoulder dysfunction Other:
Date of last physical exam?		
Has a doctor ever told the participant not to exercise?	Circle One: Yes / No	If so, why?
Any other illnesses or other concerns which will affect participation?	Any required medications or medical devices?	Any restrictions or information on participation?
Please circle any area where the participant has a history of injury or illness. Please comment below on any area circled:		
Comment – Use a second page if necessary		
Consent Form: I acknowledge, to the best of my ability, that my child is in good health and has no known medical problems that would restrict their ability to participate in this exercise program.		
Signed by Participant or Parent: _____ Date: _____ Must be Signed by Parent if Participant is under 18 years of age.		