

Medical History and Emergency Contact Form

Name Required

PID Required

Date Required

<input type="text"/>	:	<input type="text" value="12"/>	:	<input type="text" value="00"/>	:	<input type="text" value="00"/>	<input type="text" value="AM"/>	<input type="text"/>
MM/DD/YYYY		HH		MM		SS	AM/PM	

Phone Number Required

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
###		###		####

Email Required

Please answer the following questions based on your medical history. Required

	No	Yes
Do you have any heart conditions?	<input type="radio"/>	<input type="radio"/>
Have you been told by a doctor to restrict physical activity?	<input type="radio"/>	<input type="radio"/>
Do you have a history of epilepsy or seizures?	<input type="radio"/>	<input type="radio"/>

If you answered yes to any of the above questions, please explain. Required

Please answer the following questions based on your medical history. Required

	No	Yes
Do you have any allergies that require you to carry an Epi-Pen?	<input type="radio"/>	<input type="radio"/>
Have you been diagnosed with asthma?	<input type="radio"/>	<input type="radio"/>
Do you have any bone or joint problems that prevent physical activity?	<input type="radio"/>	<input type="radio"/>

If you answered yes to any of the above questions, please explain. Required

Please answer the following questions based on your medical history.

Required

	No	Yes
Are you missing any organs (kidney, testicle, etc.)?	<input type="radio"/>	<input type="radio"/>
Have you ever been told by a doctor not to participate in physical activity?	<input type="radio"/>	<input type="radio"/>
Do you have a history of 3 or more concussions?	<input type="radio"/>	<input type="radio"/>

If you answered yes to any of the above questions, please explain.

Required

Emergency Contact

Required

Please indicate the person to contact on your behalf in the case of an emergency.

<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
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Emergency Contact Phone Number

Required

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Emergency Contact Email

Required