

# Self-Disclosed Health Form

Name:

Birth Date:

Gender:

Height:

Weight:

**Please indicate if you have any of the following health conditions and provide details**

History of heart disease

Constipation/diarrhea

Coordination problems

Dizziness/fainting

Arthritis

Respiratory problems

Circulatory problems

Frequent colds/sore throats

Muscle weakness

Kidney problems

Headaches

Joint/muscle pain

Seizure disorder

Orthopedic problem

Vomiting

Shortness of breath

Diabetes

Other

Please describe your visual impairment:

Are you deaf or hearing impaired? Yes/No

If yes, please indicate degree of hearing loss in each ear.

Left Ear

Right Ear

# Self-Disclosed Health Form (continued)

## Current Medications:

Drug	Dosage	Frequency
------	--------	-----------

## Current Treatments:

Condition	Treatment
-----------	-----------

## Past Medical Treatment:

## Allergies and/or Dietary Restrictions:

## Self-Disclosed Health Form (continued)

**Date of last tetanus shot:**

Must have been completed in the last ten years

**Tuberculosis:**

Date of last TB test:

Was it Negative or Positive?

Do you tire easily? Yes/No

Please explain:

Can you participate in walks up to an hour long? Yes/No

Can you swim independently in a pool of:

3-foot depth? Yes/No

6-foot depth? Yes/No

Can you swim independently without a flotation device? Yes/No

Can you participate in adaptive sports such as:

Beep Baseball

Basketball

Tandem bicycle riding

Horseback Riding

**Do you have any physical conditions requiring restrictions on participation in an active recreation program? Please explain.**

## Self-Disclosed Health Form (continued)

Any current physical, mental, or psychological conditions requiring medication,

Date

Consumer Name (Print or Enter Here)

Consumer Signature (Must be Hand Signed)

Parent/Guardian (Print or Enter Here)  
(Required if consumer is under 18 years old)

Parent/Guardian Signature (Must be Hand Signed)