

PARTICIPANT HEALTH HISTORY

Name: _____

Insurance Company

Policy/Group #

Insurance company phone number

Health History: (Please give the date where applicable and if known)

1. Surgery (within the last year):

2. Medical conditions:

3. Emotional conditions:

4. Date of last Tetanus Booster:

5. Allergies:

6. Medication(s):

7. Are you under medical treatment at present? Reason?

Please attach additional information if needed.