

## HEALTH HISTORY FORM

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Check all that apply. Failure to disclose a known medical condition may result in the instructors' inability to provide necessary first aid. Please disclose in full. Disclosure will not deny participation, but may result in adapted participation to ensure the safety of the participant.

Health History	Explain
<input type="checkbox"/> Heart Condition <input type="checkbox"/> Stroke <input type="checkbox"/> High BP	
<input type="checkbox"/> Seizure disorder	Type of seizure: Emergency procedures:
<input type="checkbox"/> Asthma or other lung disease	Triggers: Uses inhaler? No Yes <i>If YES, MUST carry to class</i> Can use independently? Yes No
<input type="checkbox"/> Orthopedic or musculo-skeletal problems	
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypoglycemia	On insulin? No Yes, type: _____ Preferred method of treatment for low blood sugar:
<input type="checkbox"/> Severe allergies to: _____ _____	Has Epi-pen? Yes No If yes, does Marion PAL Judo have permission to administer in case of anaphylaxis? Yes No
<input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Special Learning Needs: _____ _____	Best way to provide redirection / instruction:
<input type="checkbox"/> Other medical conditions that may impact participation	

Has participant ever passed-out / fainted during or after physical activity?  
 \_\_\_ No \_\_\_ Yes, explain: \_\_\_\_\_

Has participant ever had a head injury that resulted in loss of consciousness or concussion?  
 \_\_\_ No \_\_\_ Yes, explain: \_\_\_\_\_

Has participant ever been hospitalized for illness or injury?  
 \_\_\_ No \_\_\_ Yes, explain: \_\_\_\_\_

Level of physical activity: \_\_\_ Very Active \_\_\_ Moderately Active \_\_\_ Inactive

Adult Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_