

YMCA CAMP PIOMINGO MEDICAL FORM

Name _____ Birth Date _____
Address _____ Gender _____
City, State, Zip _____ Age _____
Name of Physician _____ SS# _____
In an Emergency Notify _____
Work Phone _____ Home Phone _____

HEALTH HISTORY (Circle the appropriate answer and describe any yes questions)

1. Have you had or do you currently have any heart problems? (dates) YES NO
2. Do you frequently suffer from pain in your chest? YES NO
3. Do you often feel pain or have spells of severe dizziness? YES NO
4. Has a doctor ever told you that you have high blood pressure? YES NO

NOTE: **IF you have had any heart related problems, you will need
To have a release from a physician in order to go through the
High elements or portable climbing tower.**

5. Do you have arthritis, joint or back problems that might be
aggravated by exercise? YES NO
6. Have you had any recent operations or serious injuries(dates)? YES NO
7. Do you have any disabilities or chronic reoccurring illness? YES NO
8. Are there any activities to be limited / discouraged by physicians
advice? YES NO
9. Are you allergic to any medicines, insects or pollen? YES NO
10. Do you have epilepsy? YES NO
11. Do you have diabetes? YES NO
12. Do you have any prescribed meal plan or dietary restrictions? YES NO

13. Insurance company _____
Policy # _____
General Health Statement _____

By signing the reverse side of this release form, you are acknowledging that the above medical history information is correct to the best of your knowledge, and you believe that your health is satisfactory to participate in the initiative course at YMCA Camp Piomingo.