

Highlands Community Learning Center Medical Form

Staff Information:

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____

e-mail: _____

HIP Card # _____

In case of an Emergency contact:

Name: _____ Relationship to Staff: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Do you have any injuries, illnesses (e.g. diabetes, epilepsy, asthma etc.) or are you recovering from a surgical procedure that may be aggravated by physical activity? Yes No

Describe: _____

Are you taking medication(s)? Yes No If so please list all medications and explain their purpose.

Please list any allergies, reactions to medications, or reactions to food

Does the Allergy require carrying an ANA/kit/Epipen? Yes No

Note: Please remember to bring your own Epipen(s)/ANA Kit(s) if required

Are you Pregnant: Yes Number of Weeks: _____ No

Do you have a disability (physical, intellectual, emotional) Yes No

If so please indicate any functional concerns that will help us tailor the activities to your needs. (Attach another page if necessary) _____

Revised Physical Activity Readiness Questionnaire (RPAR-Q)

PAR-Q is designed to help you help yourself. For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate of those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the box that is appropriate for you.

Has your Doctor ever noted you have a heart condition and advised only limited physical activity? Yes No

Do you have chest pain brought on by physical activity? Yes No

Do you lose consciousness or lose your balance as a result of dizziness? Yes No

Do you have a bone or joint problem that could be aggravated by the proposed physical activity? Yes No

Is your doctor currently prescribing medication for your blood pressure or heart condition? Yes No

Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval? Yes No

Have you developed chest pain in the past month? Yes No

Note: If you answered YES to any question, or are pregnant, or are 70 years of age or older, consult your doctor before increasing your physical activity level.

Is there any other condition or information you feel we should know about? _____
