Medical History and Emergency Contact Form

Name	Required
First Name Last Name	
PID	Required
	Required
12 : 00 : 00 AM	
MM/DD/YYYY HH MM SS AM/PM	
Phone Number	Required
### ### ####	
Email	Required
Ticuse answer the following questions based on your medical mistory.	Required
	es
Do you have any heart conditions?	
Have you been told by a doctor to restrict physical activity?	j
Do you have a history of epilepsy or seizures?)
If you answered yes to any of the above questions, please explain.	Required
in you answered yes to any or the above questions, please explain.	
The document the following questions succe on your mountainmetery.	Required
No	Yes
Do you have any allergies that require you to carry an Epi-Pen?	0
Have you been diagnosed with asthma?	0
Do you have any bone or joint problems that prevent physical activity?	О
	Required
If you amount of you to any of the above arrestions into second in	- wquir cu
If you answered yes to any of the above questions, please explain.	
If you answered yes to any of the above questions, please explain.	

Please answer the following questions based on your medical history.		Required
	No	Yes
Are you missing any organs (kidney, testicle, etc.)?	0	О
Have you ever been told by a doctor not to participate in physical activity?	0	О
Do you have a history of 3 or more concussions?	0	0
If you answered yes to any of the above questions, please explain.		Required
Emergency Contact Please indicate the person to contact on your behalf in the case of an emergency. First Name Last Name		Required
Emergency Contact Phone Number		Required
### ### #### Emergency Contact Email		Required