MEDICAL HEALTH & PERSONAL HISTORY Schooner Martha Foundation

NAME:_____ **DATE OF BIRTH:** _____ **AGE:** _____

PHYSICIAN:_____ **PHONE:**_____

INSURANCE:_____ **POLICY #:** _____

PLEASE INDICATE CURRENT CONDITIONS:

☐ Ear Infection ☐ Bleeding/clotting disorders ☐ Hypertension
☐ Asthma ☐ Heart disease ☐ Muscular/skeletal Disorders
☐ Seizures ☐ Diabetes ☐ Other

Describe details of current conditions:

_____
_____
_____
_____
_____
_____

PLEASE INDICATE ALL CONDITIONS SINCE LAST HEALTH EXAM:

☐ Injury requiring medical attention ☐ any prescribed or over-the counter medication
☐ Treatment in a hospital or emergency room ☐ Any exposure to contagious diseases
☐ Any restrictions concerning physical activities ☐ Other

Please explain details of all conditions indicated above:

_____
_____
_____

PLEASE LIST ANY FOOD ALLERGIES AND DIETARY NEEDS:

_____
_____
_____

OTHER HEALTH CONDITIONS AND PERSONAL HISTORY:

☐ Hearing Impairment ☐ Glasses/contacts ☐ Emotional Disturbances
☐ Fainting ☐ Fear of water ☐ Fear of heights ☐ Motion sickness
☐ Claustrophobic ☐ Discipline issues

Please explain any of the above:_____
_____
_____

On a scale of 1-10, what is participants swimming ability:_____

DRUGS/PRESCRIPTIONS: Must be in the original container and labeled for the participant. No minors will be permitted to carry medication of any kind. All medicines must be turned over to the captain upon boarding.
Current Medications:_____
Amount/frequency to be administered:_____
Purpose:_____

Signature of applicant:_____**Date:**_____
If under the age of 18 PARENT/GUARDIAN
SIGNATURE:_____