

MEDICAL INFORMATION AND RELEASE FORM

PROGRAM INFORMATION

PART 2. MEDICAL INFORMATION

It is recommended that you consult with your physician prior to participating in this Program. If you are uncertain about any pre-existing medical condition, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of most recent tetanus toxoid \_\_\_\_\_, \_\_\_\_\_

Da