

## Medical Information

Are you allergic to any medications? \_\_\_\_\_ If yes, list and explain:

\_\_\_\_\_

Do you have any illness or condition that may prevent you from taking part in Explorer Activities? \_\_\_\_\_ If yes explain: \_\_\_\_\_

Do you wear glasses/contact lenses? \_\_\_\_\_ Vision with out correction \_\_\_\_\_

Do you have any hearing impairments? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Have you ever had a Mental or nervous disorder? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Do you have or have you ever had the following:

\_\_\_\_\_ Heart condition

\_\_\_\_\_ Diabetes

\_\_\_\_\_ High blood pressure

\_\_\_\_\_ Low blood pressure

\_\_\_\_\_ Spinal injuries

\_\_\_\_\_ Hernia

\_\_\_\_\_ Communicable diseases

If yes to any of the above explain:

\_\_\_\_\_

\_\_\_\_\_

If you are under the age of 18, do you use tobacco? \_\_\_\_\_ If yes explain:

\_\_\_\_\_

If you are under the age of 21, do you consume alcoholic beverages? \_\_\_\_\_ If yes explain:

\_\_\_\_\_