Part A General Information

Program Name: _____ **Program Date: _____**

Name: _____ Daytime Phone: _____
Address:_____ Evening Phone: _____
City/State: _____ Fax: _____
Zip: _____ Occupation: _____
Preferred Pronoun: _____ Birth date: _____/_____/_____
Height: _____ft _____in Weight: _____lbs.

Part B Emergency Information

Emergency contact:_____ Daytime Phone: ( )_____

Relationship: _____ Evening Phone: ( )
_____

Part C Medical Information

A: Allergies (including medicines, foods, bites/stings, etc. List below: NONE ( )

Allergy	Reaction	Medication required
Date of Covid Vaccination:		

B: Medications- list below (including psychiatric and over-the-counter) NONE ( )

Medication	Condition	Dosage	Side effects

C: Current Exercise Activity: Please list NONE ( )

Activity	Frequency	Approximate time/distance	Leisurely	Moderately	Intensely

Part D Health Profile

Check and describe below

	YES	NO
1. Smoker _____	( )	( )
2. Pregnant _____	( )	( )
3. Seizure _____	( )	( )
4. Medical equipment_____	( )	( )
5. Family history of heart disease_____	( )	( )
6. Hospitalization within past 2 yrs_____	( )	( )
7. ER visit within past year _____	( )	( )
8. Neck/back/shoulder / knee / ankle pain, injury or persistent limb problems_____	( )	( )
9. Other medical illnesses / symptoms or requirements _____	( )	( )

Issue No.	Detailed description (use extra pages if needed)

Part E Do I need a Physical Examination Form before my program?

1: Blood Pressure (measured within 6 months) required only if you are over age 30 or overweight.

1. Blood Pressure _____ / _____ Date taken _____
   Systolic diastolic within 6 months
2. Second reading if over 150 / 90: Blood Pressure _____ / _____ Date taken_____
3. Date of last tetanus shot _____

We strongly recommend that, prior to participation, you confirm that you have a current tetanus shot.

2: Health Problems Do you have any of the following conditions?

YES	NO	
( )	( )	Chest pain and/or pressure
( )	( )	Abnormal heart murmur (if you have a *normal* or *functional* murmur, **written** confirmation from your physician is required. Only if your murmur is *abnormal* is a physical **exam** required)
( )	( )	Diabetes
( )	( )	Seizure disorder (if YES, your physician must confirm that you have been seizure free for at least one year)
( )	( )	Fainting/dizziness
( )	( )	Chronic illness or physical infirmity
( )	( )	Do you feel you would prefer your physician's advice prior to program participation?

I have checked "YES" to one of the items above and will be submitting a Physicians Examination form as follows:

- Obtain a Physician's Examination form from OLTOA and attach it to this Medical Record.
- Have the form completed by a physician, physician's assistant or nurse practitioner.
- Make sure your exam has taken place within one year of you program start date.
- Remember – WE CAN ACCEPT ONLY THIS MEDICAL FORM, completed in full.

This organization reserves the right to require a physical examination upon review of participant history section of this form.

Part F Signature Required

Consent is hereby given for the participant to attend the above named program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment that might become necessary.

All information will remain confidential. You should that know that over the years, many participants with a variety of medical difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.

If you arrive at the program start with a pre-existing condition or injury that is not indicated on your medical form and you are subsequently forced to leave the program because of that condition, you will be charged an evacuation fee and will not receive a refund.

_____ _____

Participant's signature **Date**

Part G Student Profile

Briefly describe your paddling/teaching experience:

Briefly describe your swimming ability:
IE: Strong swimmer, I can swim enough to save myself, I can float with a PFD on, non-swimmer

Are there special skills that you hope to learn/experience in this program? Please describe them below: