

ADAPTIVE P.E. STUDENT DATA FORM

TODAY'S DATE _____ DATE OF BIRTH _____

NAME _____
Last First M.I.

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT: List additional contacts on the back of this page.

NAME _____ RELATIONSHIP _____

PHONE # (work) _____ (home) _____ (cell) _____

MEDICAL CONDITIONS—DISABILITIES--DATE(S) OF ONSET (use back of page if needed):

LIMITATIONS: ___BALANCE ___WALKING ___VISION ___HEARING ___SPEECH

MOBILITY/ASSISTIVE DEVICES USED: ___WHEELCHAIR ___WALKER ___CANE ___BRACE

TRANSPORTATION TO CLASS BY: _____

CURRENT MEDICATIONS (List additional on the back). You may attach a separate sheet.

<u>Medication</u>	<u>Purpose</u>	<u>Dosage</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WHERE DO YOU CARRY YOUR MEDICATIONS? _____

DIFFICULTIES RELATED TO YOUR MEDICATIONS _____

ALLERGIES _____ HAVE YOU EVER HAD A SEIZURE? _____

PRIMARY DOCTOR'S NAME _____ PHONE # _____

ADDRESS _____ CITY _____ ZIP _____

List additional doctors on the back of this page.

HOSPITAL OF CHOICE _____ HEALTH INSURANCE _____ KAISER I.D.# _____

I understand and agree with my Student Responsibilities for participation in this program.

Signature _____

MEDICAL HISTORY

	YES	DATE OF ONSET	NO
arthritis/osteoarthritis/joint pain			
osteoporosis			
high blood pressure			
heart disease			
heart attack			
pacemaker			
arrhythmia/atrial fibrillation			
stroke			
asthma/COPD			
dizziness/fainting spells			
diabetes			
swelling in ankles/feet/hands			
seizures/epilepsy			
fatigue/weakness			
fibromyalgia			
cancer/tumor			
recent weight gain/loss			
numbness/tingling			
head injury/concussion/brain tumor			
hernia			
bone fractures/breaks			
joint replacement/surgical implants			
depression/anxiety			
polio/post polio syndrome			
skin problems/burns			
vision problems			
hearing problems/hearing aids			
difficulty walking/gait			
back problems/sciatica			
paralysis			
memory loss/Alzheimer's disease			
bruise/bleed easily			
speech difficulty			
MD / MS / CP (CIRCLE)			
Parkinson's disease			
Pain: acute / chronic (CIRCLE)			
Other:			
Other:			