

NORTH PENN COMMUNITY AQUATIC PROGRAM
MEDICAL HISTORY AND PHYSICAL EXAMINATION RECORD

This card must be completely filled out and appropriately signed before
admission will be granted to anyone using the natatorium.

Health History
(Please Print)

(Resident Adult)

LAST NAME _____ FIRST _____ MIDDLE _____ SEX _____

STREET _____ APT.# _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

D.O.B. _____ HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____
(mo./day/yr.)

In case of emergency, please contact _____
(name) (relationship) (phone)

Have you been under a doctor's care in the last year? YES NO (explain if yes) _____

Have you had or do you have any disorder that would prevent you from participating in any strenuous aquatic exercise? YES NO (explain if yes)

Do you have any conditions/diseases/special needs of which we should be aware (i.e Epilepsy/fainting spells/heart condition/asthma/allergies, etc.)?