

Medical Info/Release Form

Name: _____

Age: _____

Guest of: _____

Height: _____

Currently Taking:

Multivitamin Omega Vitamin D

Fruits & Vegetables Supplement

Other: _____

Personal/Family History:

	Self	Family Member/ Relationship
Stroke		
Heart Attack		
Cancer		
Diabetes		
Heart Disease		

Exercise:

Activity	# Times per week

Do you have a Pacemaker? Yes No

Other Medical Implants? Yes No

Are you pregnant? Yes No

I understand that the people providing my health assessment are not qualified to perform medical care or diagnose, prescribe or treat any physical or emotional conditions.

I affirm that I have stated accurately my known medical conditions.

I understand that there shall be no liability held against the health assessor.

Signature: _____