

## WRIGHT STATE UNIVERSITY'S CHALLENGE COURSE HEALTH STATEMENT

The proposed activity provided by Wright State University, Department of Campus Recreation requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Name _____	Birth Date _____
Address _____	Gender _____
City,ST,Zip _____	Age _____
Work Ph. _____	Home Ph. _____
In an Emergency Notify _____	
Home Address _____	Home Ph. _____
City,ST,Zip _____	Work Ph. _____
Work Address _____	Date of last physical exam _____
City,ST, Zip _____	
Name of Physician _____	Physician's Phone _____

**HEALTH HISTORY:** (Circle the appropriate answer and explain any YES answers.)

Have you had or do you currently have any heart problems(dates): _____	YES	NO
Do you frequently suffer from pains in your chest: _____	YES	NO
Do you often feel faint or have spells of severe dizziness: _____	YES	NO
Has a doctor ever told you that you have high blood pressure: _____	YES	NO
Are you a smoker: _____	YES	NO
<b>(NOTE: If you have any heart related problems you will need to have a release from a physician.)</b>		
Are you pregnant: _____	YES	NO
Do you have arthritis, joint, or back problems that can be aggravated by exercise: _____	YES	NO
Have you had any operations or serious injuries (dates): _____	YES	NO
Do you have any chronic recurring illness or communicable diseases: _____	YES	NO
Are there any activities to be limited/discouraged by a physician's advice: _____	YES	NO
Are you allergic to any medicines, insects, or pollens: _____	YES	NO
Do you have Epilepsy: _____	YES	NO
Do you have Diabetes: _____	YES	NO
Do you have any prescribed meal plan or dietary restrictions: _____	YES	NO
Are you currently sick and/or using a medication that's not listed above: _____	YES	NO
Do you carry family medical/hospital insurance: _____	YES	NO
Carrier: _____ Policy Number: _____		
Suggestions or health related information for facility personnel: _____		
General Health Statement: _____		
Have you answered these questions honestly and to the best of your ability? _____	YES	NO

**REPRESENTATION AND EMERGENCY AUTHORIZATION**

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course activities. I also understand and agree to abide by any restrictions placed on my activities.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

(Or guardian if participant is under the age of eighteen)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_