



HEALTH STATEMENT

Name of Longwood University Program Participant: _____

Please list any and all physical conditions that University program staff should know which may affect or be affected in this program.

PRESENT MEDICAL PROBLEMS OR CONDITIONS:

MEDICATIONS TAKEN REGULARLY:

ALLERGIES, (INCLUDING ALLERGIES TO MEDICATIONS):

LIMITATIONS ON PHYSICAL ACTIVITIES:

WEAR CONTRACT LENSES: YES NO

WEAR GLASSES: YES NO

SIGNATURE OF PARTICIPANT,
PARENT AND/OR GUARDIAN

DATE