

JMJ TAMPA BAY, INC.
2022-2023 MEDICAL HISTORY FORM

MEDICAL HISTORY
(PLEASE FILL OUT ONE PER CHILD)

CHILD'S NAME: _____

	YES OR NO	DATE	PLEASE SPECIFY
ALLERGIES	Y N	_____	_____
ASTHMA	Y N	_____	_____
DIABETES	Y N	_____	_____
EPILEPSY	Y N	_____	_____
HEADACHES	Y N	_____	_____
HEART	Y N	_____	_____
KIDNEY DISEASE	Y N	_____	_____
MOTION SICKNESS	Y N	_____	_____

Is the member/participant taking any medications? _____ NO _____ YES

If yes, please name the drug(s), dosage and frequency needed:

Is there any psycho-social or physical condition for which the participant is currently under professional care?

_____ NO _____ YES

Please list any injuries the member/participant has suffered that would affect participation in classes or clubs:

Please list any injuries the member/participant has suffered in the last two months:

Elaborate on any other medical conditions that you want MJM to be aware of:

IMMUNIZATIONS (please state month and year):

Tetanus _____ Polio _____ Measles (Rubella) _____