

PARTICIPANT HEALTH HISTORY

Participant Name _____ Date of Birth _____

Diagnosis _____

Medications List: _____

Allergies – Check all that apply. If checked please explain.

Food _____ Insect Bites _____ Plants _____

Animals _____ Other Allergies _____ Carry an EpiPen _____

History of Asthma _____ Carry an Inhaler _____

Section 1

**Check here
if yes**

Provide details and age presented

Behavioral issues		
Emotional and psychological issues		
Skin breakdown or pressure sores		
Diabetes		
Fatigue or limited endurance		
Immune deficiency		
Bleeding or clotting disorders		
Vision or Hearing Impairment		

If any of the following conditions apply, you must also complete a Physician's Statement in order to ride.

**Check here
if yes**

Provide details and age presented

Section 2

Activities have been restricted due to medical reasons in past 12 months		
Hospitalized for any serious injury, condition or surgery in past 12 months		
Experienced loss of consciousness in past 12 months		
Experienced seizure activity in past 12 months (Seizure Evaluation Form also required)		
Currently uses crutches, braces, wheelchair, walker for mobility		
Poor head/neck/trunk support		
Treated for conditions of the spine, including, but not limited to spinal cord injury, curvature, fusion, instability, abnormalities or Spina Bifida		
Joint contractures, cerebral palsy, or hip dysplasia		
Pathologic fractures		
Neuromuscular Disorders/Multiple Sclerosis (MS)/ ALS		
Myopathy/Muscular Dystrophy (MD)/Spinal Muscular Atrophy (SMA)		
Brain injury (including stroke), Cranial Defect		
Down Syndrome		

List any other medical conditions or equipment of which we should be aware (ie. shunts, feeding tubes, catheters)

I hereby affirm that, to the best of my knowledge, the medical history information is complete and correct.

Signature of Participant or Parent/Legal Guardian if under 18 _____

Date _____

We reserve the right to restrict activity for any reason for any participant in order to ensure the safety of all participants.