

Medical History

Do you have (or have you ever experienced) any of the following conditions:

Abdominal/bowel disorders

Diabetes

Scoliosis

Arthritis

Heart disease

Seizures

Asthma

High blood pressure

Swelling joints

Cesarean Section

Neck Pain

Ulcers

Herniated disc (location _____)

Back Pain (Circle: Upper/ Mid / Lower) – Please elaborate: _____

Cancer – Please elaborate: _____

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Other - _____

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Please list and date all surgeries and/or physical injuries you have had:

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Please list any medications you are taking _____

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If required, we will notify you to provide a release from your doctor. Any and all precautions must be taken in order to ensure your health and safety while enrolled in the teacher training program.