

**MUW ROGER F. WICKER CENTER FOR CREATIVE LEARNING
CROSSROADS PROJECT ■ MUW CAMPUS RECREATION
HEATH HISTORY FORM**

STUDENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ TELEPHONE: _____

PERSONAL PHYSICIAN: _____

EMERGENCY CONTACT: _____

PARENT PHONE (CELL): _____ (WORK): _____

SPECIAL DIET CONSIDERATIONS: _____

KNOWN ALLERGIES: _____

_____ BEE STINGS? _____

CURRENT MEDICATIONS: _____

HAVE YOU EVER HAD OR NOW HAVE:

___ CHEST PAIN ___ EPILEPSY ___ ASTHMA

___ DRUG REACTIONS ___ HEART MURMUR ___ ANGINA

___ HIGH BLOOD PRESSURE ___ LOW BLOOD PRESSURE ___ DIABETES

___ HEART DISEASE (IF YES, GIVE DATE AND CONDITION): _____

HISTORY OF ANY SERIOUS DISEASE OR SURGERY: _____

ANY OTHER MEDICAL CONDITIONS THE STAFF SHOULD KNOW: _____

I am not under the influence of any chemical substance including alcohol. Understanding that any physical activity involves a possible risk of injury, I accept that my participation at the MUW Stark Recreation Center is entirely voluntary. I release Mississippi University for Women, its employees, Columbus Municipal School District, its employees, the State Institutions of Higher Learning and its employees from any claims or liability arising from my participation.

STUDENT SIGNATURE _____ DATE _____

PARENT OR LEGAL GUARDIAN SIGNATURE

_____ DATE _____