



# Recreation Programs

## Health Statement

*Confidential*

The following document is used in emergency situations to provide first responders with health related information. IT IS THE RESPONSIBILITY OF EACH INDIVIDUAL STUDENT to know his or her own general state of health and well-being, and therefore to be able to certify knowledgeable that he or she is physically fit to participate in recreation programs. Rider University is not responsible for determining a student's physical eligibility to participate in recreation programs.

**Name:** \_\_\_\_\_ **Activity:** \_\_\_\_\_

Address: \_\_\_\_\_ Height: \_\_\_\_\_

Phone: \_\_\_\_\_ Weight: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medical Policy: \_\_\_\_\_ Number: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Are you certified in first aid? \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are you certified in CPR? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you wear glasses/contacts? \_\_\_\_\_

**HEALTH HISTORY**

Allergies: (Please check Yes or No)

Penicillin	Yes	No	Reaction _____
Tetracycline	Yes	No	Reaction _____
Sulfa Products	Yes	No	Reaction _____
Iodine	Yes	No	Reaction _____
Food	Yes	No	Reaction _____
	List: _____		
Stings/Bites	Yes	No	Reaction _____
	List: _____		

Other                      Yes                      No                      Reaction \_\_\_\_\_  
List: \_\_\_\_\_

Please check any of the following **CONDITIONS** (past or present) that could affect your performance in this activity:

Blackouts	Dizziness	Chest pain
Headaches	GI tract problem	Menstrual cramps
Muscle cramps	High blood pressure	BP # _____

What is your blood type? \_\_\_\_\_ What is the date of your last tetanus shot? \_\_\_\_\_

Conditions requiring ongoing medical attention/medications: (Diabetes, epilepsy, hypoglycemia, etc.)

Do you have any physical problems or chronic conditions (e.g. poor eyes, bad back, knees, etc.) that could affect your participation in these activities?

Do you have any history of heart problems? If so, please list below.

Have you had any recent (within last six months) illnesses, injuries, or operations?

Is there any other information that the Office of Campus Life and the club sport should know about?

This health statement is to be used in an emergency situation to provide first aid and/or CPR caregivers helpful information. Rider University does not determine a student's eligibility to participate in recreation programs. This information will be kept confidential by the Office of Campus Life and the recreation staff.