CONFIDENTIAL WELLNESS INFORMATION FORM
(For Emergency Purposes Only)

Full Name: ____

Day Phone: ____________Height: __________Weight: __________

Gender: __________ Age: _______ Date of Birth: ________________

In case of emergency (please contact)

Name: ____

Phone: ____

Relationship: ______________________________________

Confidential Medical History

1. Date of Most Recent Medical Examination: ______________

2. Do you feel fine – Without Restrictions? Yes ___ No ___
   If no, please describe: _____________________________
   ____
   ____

3. Have you experienced a recent illness or been exposed to any air-borne viruses?
   Yes _____ No ________
   If yes, please describe: ____________________________
   ____
   ____
   ____

4. Have you ever been hospitalized or treated for an injury?
   Yes _____ No ________
   If yes, please describe: ____________________________
   ____
   ____

5. Have you ever been injured and not received medical attention?
   Yes _____ No ________
   If yes, please describe: ____________________________
   ____
   ____

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6. Do you have any current medical conditions (please include pregnancies) for which you are currently being treated?
   Yes ______ No _________
   If yes, please describe: ___________________________________
   ____
   ____

7. Are you currently using any prescription drugs? Yes ___ No ___
   If yes, please describe: ___________________________________
   ____

8. Do you have: Any known Allergies? Yes ____ No ____
   Difficulty Breathing? Yes ____ No ____
   High Blood Pressure? Yes ____ No ____
   Diabetes? Yes ____ No ____
   If yes, please describe: ___________________________________
   ____
   ____

9. How frequently do you exercise? __________________________
   What type of exercise? _____________________________________
   ____

10. Are you or have you ever been involved in self-defense or Martial Arts Training? Yes _______ No ________
    If yes, please describe: ___________________________________
    ____

11. Please describe your perception of your current fitness level.

The above information is complete, true and accurate to the best of my knowledge.

____
Signature

____
Instructor Check

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REVISED 12/2020