

HEALTH HISTORY

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3. Have you had any serious illness or major surgery in the last two years?

_____ Yes _____ No

If Yes, please explain:

4. Do you have any physical or mental disorder that should keep you from taking part in ordinary activities?

_____ Yes _____ No

If Yes, please explain:

5. Are you currently receiving any therapy or medication?

_____ Yes _____ No

If Yes, please explain:

6. Have you ever been advised against normal physical exercise?

_____ Yes _____ No

I hereby represent that the answers and the information provided are true and correct to the best of my knowledge. I understand that any incorrect, incomplete or false statements or information furnished by me will subject me to disqualification at any time.

Signature _____ Date _____