

YALE CORINTHIAN YACHT CLUB HEALTH FORM, **MUST BE COMPLETED BEFORE ATTENDANCE**



I, as the parent/guardian of named applicant, hereby certify that I have read the accompanying Health Examination Record and agree that to the best of my knowledge all information is accurate and complete, and the person herein described has permission to engage in all prescribed yacht club activities. I agree to inform Yale Corinthian Yacht Club in writing of any changes in health conditions during the program. I relinquish any claim against Yale Corinthian Yacht Club or its agents in connection with actions taken under the terms of this Medical Release and Agreement, and hereby give permission to the physician selected by the yacht club to hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named above. I understand that all possible attempts will be made to notify me if any medical emergency arises. I hereby certify that I have read and hereby consent to the terms set forth in this Medical Release and Agreement including such parts as may subject me to financial responsibility.

Signature of PARENT/GUARDIAN: _____ Date: _____

EMERGENCY CONTACT TELEPHONE NUMBERS:

Parent or Guardian _____ Home PH: _____ Work PH: _____

Alternate contact name: _____ Home PH: _____ Work PH: _____ Relationship: _____

HEALTH EXAMINATION RECORD (to be completed by your physician in conjunction with parents)

Participant's Name _____ Age _____ Sex _____ Date of Birth (m/d/y) _____

Address _____

Name of Family Physician _____ Phone _____

Name of Medical Insurance Carrier _____ Policy Group Number _____

Please answer the following questions on the participant's past and present medical history with a "YES" or "NO". Please provide details, including dates, of the condition(s) and management of the condition(s) in the "DETAILS" section.

Has the participant ever had, or does the participant currently have:

- ___ Allergies to foods, medications, insect bites, etc.?
 - ___ Asthma?
 - ___ Any exercise induced conditions or physical limitations?
 - ___ Recurring headaches, fainting or loss of consciousness?
 - ___ Ear, Eye, nose or throat conditions?
 - ___ Skin condition or sensitivity to daily sun and salt water?
 - ___ Urinary or gastrointestinal conditions?
 - ___ Diabetes?
 - ___ High blood pressure?
 - ___ Heart disease or heart condition (mild or otherwise)?
 - ___ Epilepsy, seizures or neurological problems?
 - ___ Knee or joint injuries or problems?
 - ___ Surgery or significant medical procedures?
 - ___ Special diet requirements or eating disorders?
 - ___ Learning disabilities requiring special needs?
 - ___ Behavioral or emotional problems?
 - ___ Other. Please List. _____
- Date of participant's last tetanus shot: _____

Please list all generic & brand name medications, dosages, reasons for taking, appropriate use and any special instructions:

Any routine medications changed or stopped within one month prior to the beginning our program? _____

DETAILS of conditions with "YES" above: _____

I have examined _____ on _____ (date) and found him/her to be in good health. Taking into account the conditions stated above, he/she can, in my opinion, fully participate in all Yale Corinthian Yacht Club program activities.

Physician's Name (Print) _____ Physician's Sign. _____

City/State/Zip _____ Phone No. _____ Fax _____