

# Student Information and Health Questionnaire

## Adapted Exercise Program

Grossmont College  
8800 Grossmont College Drive  
El Cajon, CA • 92020

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Student's Name

Date of Birth

Phone Number:

E-mail:

Emergency Contact:

Relationship to you:

Phone Number:

### Health Questionnaire

Please complete the following: **All information will be kept confidential.**

Are you under a doctor's care?

YES

NO

Check ALL items that apply:

Acquired Brain Injury

Arthritis

Asthma

Back Pain

Cerebral Palsy

Chronic Fatigue Syndrome

Diabetes

Depression

Emphysema

Fibromyalgia

Heart Disease

High BP

High Cholesterol

Joint Injury

Joint Replacement

Low BP

Multiple Sclerosis

Muscular Dystrophy

Neck Pain

Osteoporosis

Seizures

Spinal Cord Injury

Stroke

Other: \_\_\_\_\_

Please complete the following:

## Medication Questionnaire

**Allergies to Medications:**

**Medications currently taking:**

Name of Medication	Purpose of Medication	Side Effects
1.		
2.		
3.		
4.		
5.		

## Personal Questionnaire

Please list any *functional* or *educational* limitations or precautions that the instructor should be aware of:

Please list goals or expectations you have for an adapted exercise course:

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Student's Signature

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Date