

MARK PICARD WILDLIFE PHOTOGRAPHY 58 Central St., Millinocket, ME 04462

ADULT CONFIDENTIAL MEDICAL FORM (continued)

PART III: HEALTH PROFILE

Please check one - if the answer is yes, describe below:

1. Seizure within the past year Y N

2. Hospitalization/Emergency Room/Urgent Care visit within the past year Y N

3. History of heart attack, by-pass/angioplasty/angina Y N

4. Other cardiac conditions such as heart murmur or other rhythm abnormality Y N

5. Medical device such as hearing aide/prosthetic device Y N

6. Neck/Back/Shoulder/Knee/Ankle or other orthopedic problem Y N

7. Other medical issues/illnesses/symptoms Y N Currently Pregnant Y N Diabetes Y N

PART IV: CARDIOVASCULAR FITNESS EVALUATION REQUIRED INFORMATION

A. Statistics/Vital Signs (We will be unable to evaluate you for participation in this program without this information.)

Blood pressure must be taken within 6 months of course start. You may take your own blood pressure using apparatus at local department or drug stores.

Age: _____ Blood Pressure Reading: _____ Date Taken: _____ Height: _____

If BP is over 150/90, please take a second reading. Results from second reading: _____ Date Taken: _____

B. Cardiovascular Risk Factors

Y N Diagnosed high blood pressure (even if being controlled with medication)

Y N Smoker

Y N Diabetic requiring medication

Y N Known abnormally high cholesterol level or on a diet or medication for a lipid abnormality

Y N Family history (parent/sibling) of heart attack, coronary artery by-pass/angioplasty, or sudden unexpected death before age 55

Y N Unexplained chest pain/pressure, shortness of breath, heart palpitations, sweats/exertional dizziness/faint spells

C. Current Exercise Activity (Needed as an important assessment tool)

Please list the activities you engage in daily or weekly which indicate your current fitness level. Be sure to include activities such as walking a pet, mowing your lawn, or activities such as playing basketball, swimming, skiing, etc.

Activity	Frequency	Approximate Time/Distance	Leisurely	Moderately	Intensely
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MARK PICARD PHOTOGRAPHY RECOMMENDS THAT ALL OF ITS PARTICIPANTS HAVE A CURRENT TETANUS IMMUNIZATION (within the past 10 years).

PART V: SIGNATURE REQUIRED

All information will remain confidential. Over the years, many students with a variety of medical/psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.)

I will be attending a Mark Picard Photography Workshop and I give permission for any emergency anesthesia, operation, hospitalization or other treatment that may become necessary. I authorize the release of this medical information to rescue personnel.

Name (print): _____ Signature: _____ Date: _____