

YMCA TEAM BUILDERS MEDICAL QUESTIONNAIRE

Program Name: _____ Date: _____ Name: _____

1. Do you have any pre-existing medical conditions? _____

If yes, what are they? _____

2. Are you taking any prescription or non-prescription medications? _____

If yes, what are they and what are they for? _____

3. Do you have any allergies? _____

If yes, what are they? _____

4. Describe your current activity and fitness level. _____

5. Do you have any dietary restrictions or needs? _____

If yes, please identify _____

6. Who should we contact in the event of an emergency? _____
