

# Walk On Health History Volunteer

## General Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

## Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address general fitness, cardiac, respiratory, bone or joint function, any previous surgeries which may hamper your ability to actively participate in an equine assisted program.

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Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Recent Medical Tests: Tetanus Shot Date \_\_\_\_\_ TB Test + -- Date \_\_\_\_\_

***I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Volunteer, parent, guardian; signed in presence of center staff*