



# PINEBROOK FARMS ADULT HORSEMANSHIP HEALTH HISTORY & DISCLAIMER

NAME OF STUDENT: \_\_\_\_\_ Date \_\_\_\_\_

Male  Female Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S/# \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Person to contact in case of emergency: Telephone No. (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Relationship to rider \_\_\_\_\_

CURRENT OR CHRONIC HEALTH problems or allergies of student, if any: (use back if necessary) \_\_\_\_\_

Name and telephone no. of family doctor \_\_\_\_\_

**1.** Date of last physical exam \_\_\_\_\_ **2.** Medication now being taken (Use back if necessary) \_\_\_\_\_

**3.** Do you have a history of heart disease? Yes \_\_\_\_\_, No \_\_\_\_\_ Explain \_\_\_\_\_

**4.** Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ **5.** Do you have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ What is most likely to trigger an attack? \_\_\_\_\_

**6.** Have you ever had seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**7.** Have you ever had back problems? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**8.** Have you been hospitalized or had surgery in the past 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**9.** Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_ **10.** Are you presently taking steroids? Yes \_\_\_\_\_ No \_\_\_\_\_

**11.** Have you ever had ankle or knee problems? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**12.** Is there any physical condition that you have which is aggravated by exercise? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**13.** Do you have any other medical problem not mentioned above? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**14.** Date of last tetanus immunization \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & DISCLAIMER

In the event of an accident or illness, I give my permission for Jorine or Harlie Seale, or any supervisory adult, to take me/my child to a doctor or hospital emergency room for treatment. I understand that I accept all and full responsibility for any injury or accident to myself as a result of my participation in this course. Every reasonable effort will be taken by Pinebrook Farms and North Harris Montgomery Community College District and it's employees to make this course safe and enjoyable. I understand I am responsible for all hospital and medical expenses.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Signature of Parent or Guardian, if student is under 18