

Alison Brown, SBCPRD-SSF Program Supervisor
 Statesboro-Bulloch Co. Parks & Recreation
 P.O. Box 408 · 1 Max Lockwood Dr.
 Statesboro, Georgia 30459



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Participant's Application and Health History

GENERAL INFORMATION

Participant: _____
 Address: _____
 Height: _____ Weight: _____ DOB: _____ Age: _____ Gender: Male Female
 Phone: _____ Alternative #: _____ Email: _____
 Employer/School: _____
 Address: _____ Phone: _____
 Parent/Legal Guardian: _____
 Address if Different from above: _____
 Phone: _____ Alternative #: _____
 Referral Source: _____ Phone: _____
 How did you hear about the program?: _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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MEDICATIONS (include prescriptions, over-the-counter; name, dose and frequency) _____

Describe participants abilities/difficulties in the following areas (include assistance required or equipment needed)

PHYSICAL FUNCTION (i.e. Mobility skills as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (I.E. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?)

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

