



FORM C: HEALTH SCREENING QUESTIONNAIRE

Student Name (please print): _____

Age: _____ Gender: _____ Student ID#: _____

Course Title or Code: _____ Semester/Year: _____

Instructor Name: _____

If you answer YES to any of the questions on this form, or if you have any other medical concerns related to the class, it is recommend that you discuss this with the instructor before attending class. The college may deny admission to a class or require a physician's evaluation for participation.

If you are taking any medications, are there any conditions or potential side effects that we should be aware of?

Please indicate YES or NO if any of these statements apply to you (past or present):

- | | | |
|---|-----|----|
| • Have you been advised by a physician not to exercise? | YES | NO |
| • Do you lose balance because of dizziness or do you ever lose consciousness? | YES | NO |
| • Do you suffer from seizures, shortness of breath, or diabetic episodes? | YES | NO |
| • Do you have any allergies? | YES | NO |
| • Do you know of any reason you should not participate in physical activity? | YES | NO |

If you answered yes to any questions above, please explain:

To the best of my knowledge, I am physically capable of participating in this class and I am not aware of any mental health or medical conditions that would prevent me from participating. I am aware of the Colorado Mountain College Code of Conduct and I affirm that all the information provided above is accurate and complete to the best of my knowledge, and I indemnify, release, and hold Colorado Mountain College harmless from and against all liability arising from my participation in this class.

Student Signature

Date