



Northern Lights Rock and Ice

Located at The Essex Resort & Spa

14 Freeman Woods Road, Essex Junction, VT 05452

(802) 316-3300 www.northernlightsvt.com

Your Name (Please print) _____

Age _____

Organization _____

Do you have any pre-existing medical conditions? Yes No

If yes, please explain: _____

Are you currently taking any prescription or non-prescription medication? Yes No

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

Do you have any heart conditions? Yes No

Do you have high blood pressure? Yes No

Do you have any allergies (food, bees, insects, or medicines)? Yes No

If so, please explain: _____

Do you foresee any problems participating in the upcoming NLRI Program Yes No

If yes, please explain: _____

Do you feel any pressure or coercion from employer or others to participate? Yes No

Do you have a disability? Yes No

If yes, please indicate the functional implications and any concerns about your participation related to the disability. _____

Are you pregnant? Yes No

Describe your current level of physical activity (circle one): VeryActive AverageActivity LowActivity

In case of emergency, contact name: _____

Emergency Contact Phone #: _____

Medical insurance (company and policy number) _____

Physician's Name: _____ Phone #: _____

Date of last physical exam: _____

Date of last Tetanus Shot? _____

Participant - please read and sign

I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that I have the option not to participate in any of the activities and should not feel pressured to participate.

Signature

Date