R.A.D. RAPE AGGRESSION DEFENSE SYSTEMS ®

WELLNESS INFORMATION FORM

Full Name: _____

Day Phone: _____ Height _____ Weight _____

Gender: _____ Age: _____ Date of Birth: _____

In case of emergency (please contact)

Name: _____

Phone: _____

Relationship: _____

Confidential Medical History

1. Date of Most Recent Medical Examination: _____
2. Do you feel fine – Without Restrictions? Yes _____ No _____

If no, Please Describe: _____

_____

3. Have you ever been hospitalized or treated for an injury?
   Yes _____ No _____
   If yes, please describe: _____
   _____
   _____
4. Have you ever been injured and not received medical attention?
   Yes _____ No _____
   If yes, please describe: _____
   _____
   _____
5. Do you have any current medical conditions (Please include pregnancies) for which you are currently being treated?
   Yes _____ No _____ If yes, please describe: _____
   _____
6. Are you currently using any prescription drugs? Yes ___ No___
   If yes, please describe: _____
   _____
7. Do you have: Any known Allergies? Yes ____ No ____

R.A.D. SYSTEMS
23305 HWY 16
DENHAM SPRINGS, LA 70726
(225) 791-4430

Difficulty Breathing? Yes ____ No ____

High Blood Pressure? Yes ____ No ____

Diabetes? Yes ____ No ____

If yes, please describe: _____

_____

8. How frequently do you exercise? _____

   What type of exercise? _____

   _____

9. Are you or have you ever been involved in self-defense or Martial Arts Training? Yes _____ No _____

   If yes, please describe: _____

   _____

10. Please describe your perception of your current fitness level.

The above information is complete, true and accurate to the best of my knowledge.

_____

Signature

_____

Instructor Check

R.A.D. SYSTEMS
23305 HWY 16
DENHAM SPRINGS, LA 70726
(225) 791-4430