



*radKIDS Wellness Information Form*

Child's Full Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of emergency please contact:

Na me: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Confidential Medical History**

1. Date of child's most recent medical exam \_\_\_\_\_
2. Does he/she feel fine, without restriction? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please describe:  
\_\_\_\_\_  
\_\_\_\_\_
3. Has he/she ever been hospitalized or treated for an injury? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_
4. Has he/she ever been injured and not received medical attention? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_
5. Does he/she have any current medical conditions, which are currently being treated?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is he/she currently using any prescriptions drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does he/she have: Any known allergies Yes \_\_\_\_\_ No \_\_\_\_\_  
Difficulty breathing Yes \_\_\_\_\_ No \_\_\_\_\_  
High blood pressure Yes \_\_\_\_\_ No \_\_\_\_\_  
Diabetes Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How frequently does he/she exercise ? \_\_\_\_\_  
What type of exercise ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has he/she ever been involved in self-defense or Martial Arts Training? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

10. Please described your perception of his/her current fitness level:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Instructor's check*

**TPD Verifications/Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Instructor:** \_\_\_\_\_ **Date:** \_\_\_\_\_