

Volunteer/Staff Health History and Medical Information

Volunteer/Staff Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Alternate Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____ US Citizen Y N

Health Insurance Provider: _____ Policy # _____

A therapeutic horse riding program can be very physically demanding. Handling of tack and other equipment, grooming, and assisting in the mounting/dismounting of participants may involve heavy lifting and reliance upon physical strength. In addition, volunteers may be required to walk, jog alongside the horses, or stand for extended periods of time. Our goal is to match our volunteers and staff with the appropriate participant, horses and tasks to maximize the safety and benefits of our therapeutic riding program for all. Please provide us with the following health information:

Any restrictions (Please check all that apply):

Lifting ~ Running ~ Walking ~ Standing ~ Other ~

Please explain restrictions: _____

Please explain your current health status, particularly any information that may impact the physical and emotional demands involved in a therapeutic horse back riding program. Please be sure to address fitness, cardiac, respiratory, bone or joint function, or any other information regarding your current health history of which you believe we should be advised:

Date of last Tuberculosis test: _____ Results? + -

Allergies: _____ Medications: _____

IF ANY INFORMATION REGARDING YOUR HEALTH CHANGES, PLEASE BE
SURE TO UPDATE OUR RECORDS

Signature: _____ Date: _____