

Diocese of Birmingham in Alabama
Health Information for Adult Participant
Carefully Print All Information

Form CH-2

Name _____ Date of Birth ___/___/_____

Address _____

City _____ State _____ Zip Code _____

Phone () _____

Primary Physician _____ Phone () _____

In Case of Emergency Contact:

Name _____ Relationship _____

Phone(s) include area code _____

Health History

Recent serious injury: Describe _____

Recent surgery: Describe _____

Recent hospitalization: Describe _____

Wear glasses

Wear contact lenses

Diabetes

Heart condition

High blood pressure

Other: _____

Current Medications

Allergies (Include allergies to medication)

Other Health Concerns

Signature _____ Date _____

Use Back of Form if Additional Space is Needed