

**Rothesay Yacht Club Learn to Sail Medical Form and Release**

Sailor Name. \_\_\_\_\_

Medicare Card Number \_\_\_\_\_

Date of Birth. \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Please list any past medical problems \_\_\_\_\_

Surgical history. \_\_\_\_\_

Current medications taken \_\_\_\_\_

Food allergies \_\_\_\_\_

Other allergies (including insects, environmental, etc.) \_\_\_\_\_

Restrictions on physical activity \_\_\_\_\_

Learning challenges \_\_\_\_\_

Additional comments/information \_\_\_\_\_

Physician's Name. \_\_\_\_\_ Physician's Telephone. \_\_\_\_\_