

The Red Barn
2700 Bailey Road, Leeds, AL 35094

Participant's Medical History & Physician's Statement COMPLETED BY MEDICAL PROFESSIONAL

| | | | |
|---|--|------------------------|-----------------------|
| Participant: | | DOB: | Weight: |
| Address: | | School: | |
| Diagnosis: | | Date of Onset: | |
| Past/Prospective Surgeries: | | | |
| Medications: | | | |
| SeizureType: seizure: | | Controlled: Y N | Date of last seizure: |
| Shunt Present: Y N | | Date of last revision: | |
| Special Precautions/Needs: | | | |
| Braces/Assistive Devices: | | | |
| For those with Down Syndrome: AlantoDens Interval x-rays, | | Date: | Result: + -- |
| Neurological Symptoms of AlantoAxial Instability: | | | |

****Please indicate current or past difficulties in the following systems/areas surgeries:**

| | Y | N | Please Describe |
|-------------------------|---|---|-----------------|
| Auditory | | | |
| Visual | | | |
| Tactile Sensation | | | |
| Speech | | | |
| Cardiac | | | |
| Circulatory | | | |
| Integumentary/Skin | | | |
| Immunity | | | |
| Pulmonary | | | |
| Neurological | | | |
| Muscular | | | |
| Balance | | | |
| Orthopedic | | | |
| Allergies | | | |
| Learning Disability | | | |
| Cognitive | | | |
| Emotional/Psychological | | | |
| Pain | | | |
| Other | | | |

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities by The Red Barn.

| | |
|-------------|--------------------|
| Name/Title: | MD DO NP PA Other: |
| Signature: | Date: |
| Address: | |
| Phone: () | Evening: () |

Notes: