

HOPE UNBRIDLED EQUESTRIAN PROGRAM, INC.

Physical Address: 103 Beckman Dr., Tupelo, MS 38801 Mailing Address: 185 Timberlane Dr, Tupelo, MS 38801

Participant's Medical History & Physician's Statement COMPLETED BY MEDICAL PROFESSIONAL		
Participant:	DOB:	Weight:
Address:	School:	
Diagnosis:	Date of Onset:	
Past/Prospective Surgeries:		
Medications:		
Seizure Type: 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 and/or 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 at Hope Unbridled Equestrian Program.

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