

(Continued on back)

Chorus Member's Name: _____

History: Does the member have any of the following?

| | Yes | No | If yes, please explain: |
|-----------------------------------|-------|-------|-------------------------|
| *Head, ears, nose, throat: | | | |
| Hearing/speech deficits | _____ | _____ | _____ |
| Headaches | _____ | _____ | _____ |
| Seizure | _____ | _____ | _____ |
| Chronic Sore throats | _____ | _____ | _____ |
| Chronic Ear infections | _____ | _____ | _____ |
| Dizziness | _____ | _____ | _____ |
| Difficulty swallowing | _____ | _____ | _____ |
| *Heart: | | | |
| Shortness of Breath | _____ | _____ | _____ |
| Chest Pain | _____ | _____ | _____ |
| Murmurs | _____ | _____ | _____ |
| *Lungs: | | | |
| Asthma | _____ | _____ | _____ |
| Chronic Bronchitis | _____ | _____ | _____ |
| Chronic Cough | _____ | _____ | _____ |
| *GastroIntestinal: | | | |
| Ulcers | _____ | _____ | _____ |
| Nausea/vomiting | _____ | _____ | _____ |
| Diarrhea/Constipation | _____ | _____ | _____ |
| Ulcerative Colitis/Crohn's | _____ | _____ | _____ |
| *Urinary: | | | |
| Kidney stones | _____ | _____ | _____ |
| Blood in urine | _____ | _____ | _____ |
| Chronic Bladder/Kidney Infections | _____ | _____ | _____ |
| *Spine: | | | |
| Back/Leg Problems | _____ | _____ | _____ |
| *Skin: | | | |
| Psoriasis | _____ | _____ | _____ |
| Eczema | _____ | _____ | _____ |

Signature Parent/Guardian Date

Signature Parent/Guardian Date

Subscribed to me on _____ day of _____ (month), _____ (year)

Notary (Signature & Print Name)

Notary Public _____ County, Michigan

Acting in _____ County, Michigan

My Commission Expires: _____