

Department of Kinesiology
Western Illinois University
MEDICAL RELEASE INFORMATION

Name _____

Birthday _____ Today's Date _____

KIN class enrolled in _____ Instructor _____

Any student participating in an activity class offered by the Department of Kinesiology who has a known medical condition must complete and sign the following form and return it immediately to the instructor. The completed form will be kept on file in the Department of Kinesiology main office.

Please check any of the following known medical conditions that apply to you and provide an explanation of the severity of the condition.

Heart Condition	No _____	Yes _____	_____
Head or Spinal Injury	No _____	Yes _____	_____
Allergies	No _____	Yes _____	_____
Bone or Joint Injury	No _____	Yes _____	_____
Epilepsy or Seizures	No _____	Yes _____	_____
Asthma	No _____	Yes _____	_____
Diabetes	No _____	Yes _____	_____
Recent Surgery	No _____	Yes _____	_____
Taking Medication	No _____	Yes _____	_____

Please provide additional information to explain any of the above condition(s):

Legal Signature

Date