

## Tall Timbers Baptist Conference Center Health Form

Conference/Retreat Name \_\_\_\_\_ Date \_\_\_\_\_

### Guest Information

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex (M/F) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_  
Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

### Emergency Contact

Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_  
Alternate Contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

---

### Health History

Please indicate any physical conditions that might limit your participation in programs at Tall Timbers. This information may not exclude you from participation but gives imperative information to protect your health and safety. If you are unsure of any health issues please discuss this with Tall Timbers staff.

Hearing or Vision Problems	Muscle Cramps
Respiratory Problems	High/Low Blood Sugar
Heart Problems	Seizures
Back Problems	Serious Allergies
Joint Problems (knees, ankles, shoulders, etc.)	Current Medications
Recent Serious Illness	Recent Exposure to Contagious Disease
Activity Limitations	Fitness Level (circle)
Operations or Serious Injuries	No Exercise/Occasional Exercise/Frequent Exercise/Excellent Athlete
Serious Reaction to Temperature Extremes	

Please give a brief but detailed description of any such circled condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunization current? \_\_\_\_\_ If no, explain \_\_\_\_\_  
Date of Last Tetanus Shot \_\_\_\_\_ Date of Last TB Skin Test \_\_\_\_\_  
Name of Family Physician \_\_\_\_\_ Address and Phone \_\_\_\_\_

---

### Medical Insurance

Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Company Phone \_\_\_\_\_ Group # \_\_\_\_\_ Contract # \_\_\_\_\_  
Primary Insured/Policy Holder \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening \_\_\_\_\_

---