

**MASTERS**

**FORT LAUDERDALE AQUATICS Medical Form**

Name \_\_\_\_\_ Date of birth (M/D/Y) \_\_\_\_\_ Age \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip Country

Business Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone # \_\_\_\_\_

Past Illnesses \_\_\_\_\_  
\_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_

Medical Insurance Company Name \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Physician \_\_\_\_\_

Physician's telephone number \_\_\_\_\_