## Double Diamond Equestrian Center LLC

Physical address: 4201 FM 307 Midland, Texas 79706
Mailing Address: 4205 FM 307 Midland, Texas 79706
432-692-0255

## Rider's Medical History

This form must be completed annually by before participant is able to ride in any session.

Name				DOB	Age *
Address				City, Zip	
Parent/Guardian				Home Phone	
Tetanus shot: ☐ Yes ☐	) No		Date of tetanus shot:		
Medications:					
Height:			Weight	:	
				: maximum weigh	t limit of 200 lbs
Please indicate if patient has a If yes, please comment.	problem	and/or	surgeries in any of the foll	owing areas by ch	ecking yes or no.
AREAS	YES	NO	C	COMMENTS	
Auditory					
Visual					
Speech					
Cardiac					
Circulatory					
Pulmonary					
Neurological					
Muscular					
Orthopedic					
Allergies					
Learning Disability					
Mental Impairment					
Psychological Impairment					
Other					
	<u> </u>				

Please indicat	Please indicate any special precautions:				
	g conditions, if present, may represent precautions or contraindications to horseback riding. nen completing this form, please note whether these conditions are present and to what degree.				
<u>M</u>	MEDICAL/SURGICAL				
	llergies				
S	urgeries				
If circled p	please explain:				
-	•				
-					
currently train note whether  S B S H S A	g conditions, if present, raise safety concerns for a student while around horses. Our staff is not need to offer any kind of therapy to any student. Therefore, when completing this form, please these conditions are present and to what degree.  ECONDARY CONDITIONS  ehavior problems trokes Hypertension erious heart condition tutism spectrum hysical Disabilities earning Disabilities				
If circled place	o avalain:				
If circled pleas	t tapiam.				