

Please indicate if participant has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

<u>Areas</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Diabetes			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental/Psychological Impairment			
Other/Comments			
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