2024
HMHB Annual Information Form

HEALTHY MINDS BODIES
VETERANS ★ FITNESS TRAINING ★ NETWORKING®
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Putting People First
NEDSRA
Special Recreation Association

Step 1 Veteran Information

Birthday: Age:

Name: Ethnicity:

Address:

City: Zip: State:

Email:

Gender: Male Female T-Shirt Size: Phone 1: Phone 2:

Service Connected Disability Percentage: %

Primary Diagnosis:

Secondary Diagnosis:

Does veteran have a seizure disorder? ☐ Yes ☐ No Date of last seizure: *If yes, complete Seizure Information Form

Step 2 PT Partner

Birthday: Age:

Name: Ethnicity:

Address: Gender: Male Female

City: Zip: State: Phone 1:

Email: Phone 2:

Step 3 Emergency Contact Information

Emergency contacts should be someone other than a parent, guardian or PT Partner.

#1 Name: Relationship:

Email: Phone:

#2 Name: Relationship:

Email: Phone:

Step 4 Medication

Attach additional information if needed.

Medication Name	Dosage	Time	Purpose/Reaction

Step 5 Allergies

Attach additional information if needed.

Does veteran have allergies? ☐ Yes ☐ No

Allergy	Reaction	Additional Comments

Step 6 Dietary Restrictions

Attach additional information if needed.

Does veteran have dietary restrictions? ☐ Yes ☐ No If yes, please list _____

Step 7 Approvals

I grant photo permission for pictures to be taken and used in NEDSRA publications. ☐ Yes ☐ No

Guardian Signature: _____ Print Name: _____