Norwell Police Department
40 River Street
Norwell, MA 02061

Theodore J. Ross
Chief of Police

Telephone (781) 659-7979
Fax (781) 659-2496

Confidential Medical History

Full Name: _____

1. Date of most recent medical examination:_____

2. Do you feel fine-without restrictions? Yes_____ No_____
   If no, please describe:_____
   _____

3. Have you ever been hospitalized or treated for an injury? Yes_____ No_____
   If yes, please describe:_____
   _____

4. Have you ever been injured and not received medical attention? Yes_____ No_____
   If yes, please describe:_____
   _____

5. Do you have any current medical conditions (including pregnancy) for which you are being treated?
   Yes_____ No_____
   If yes, please describe:_____
   _____

6. Are you currently taking any prescribed medications? Yes_____ No_____
   If yes, please describe:_____
   _____

7. Do you have:
   Any known allergies? Yes_____ No_____
   Difficulty Breathing Yes_____ No_____
   High Blood Pressure? Yes_____ No_____
   Diabetes? Yes_____ No_____
   If yes, please describe:_____
   _____

8. How frequently do you exercise?_____
   What type of exercise?_____

9. Are you or have you ever been involved in self-defense or martial arts training? Yes__ No__
   if yes, please describe:_____

10. Please describe your perception of your current fitness level: _____

The above information is complete, true and accurate to the best of my knowledge:

_____ _____ _____
Signature Date Instructor Check