Jacobs' Ladder - Equine Services for Heroes
5866 Bradford Rd. N.
Hahira, GA 31632

Phone: 229.794.1188
E-mail: leslie_j@hotmail.com
www.jacobsladderriding.com

Rider's Medical History and Physician's Statement

To be completed by applicant's physician. Please type or print.

Applicant's name _____ Date of birth _____ Gender _____

Street Address _____

City, ST & ZIP _____

Height _____ Weight _____

Primary Diagnosis: _____

Please include notes you feel would be of value to Jacobs' Ladder staff:

Secondary Diagnosis: _____

Please include notes you feel would be of value to Jacobs' Ladder staff:

CURRENT MEDICATIONS

NAME	DOSAGE	REASON

Seizure type: _____ Controlled:_____

Date of last seizure _____ Comments _____

Mobility Status:

Ambulatory: ____ yes ____ no Assistive device: ____cane ____walker ____ crutches

Prosthetic/Orthotics: ____ yes ____ no If yes, please specify:_____

Please indicate special precautions/limitations/other instructions:

IN MY OPINION, THE INDIVIDUAL NAMED ABOVE CAN PARTICIPATE IN SUPERVISED MOUNTED EQUESTRIAN ACTIVITIES. I HAVE REVIEWED THE LISTED PRECAUTIONS AND CONTRAINDICATIONS AND ANY DESCRIPTIVE MATERIALS ENCLOSED.

Physician's signature _____ Date _____

Physician's name (please print) _____

UPIN or License # _____

Physician's address _____

Physician's telephone number _____

Physician's e-mail _____

***Only signatures of MD's or DO's are accepted