



MEDICAL SCREENING QUESTIONNAIRE

Ocean Classroom Foundation requires that the following medical conditions be discussed prior to acceptance, due to the remoteness of our location and the physical nature of our program. Please answer honestly and as completely as possible. Your answers do not pre-determine admission decisions, but allow us to discuss any medical conditions and plan for the best care possible for you when you join the program.

Please answer yes or no to the following questions. If you answer yes, please provide more information in the space provided or on an attached sheet.

DO YOU HAVE	Yes	No	Comments
A History of Seizures			If yes, when was your last episode?
Abnormal Blood Pressure			
Bone/Joint/Muscle Restrictions			
Diabetes			
Difficulty Climbing Ladders			
Food Allergies			
Heart Problems			
History of Drug/Alcohol Abuse			
Mental Health Concerns			
Special Dietary Concerns			
ARE YOU/HAVE YOU BEEN			
A tobacco user			
Hospitalized within 12 months			
Pregnant			

Other Comments:

Please attach this form to the rest of your application, and return it to:

Nantucket Soundkeeper
 4 Barnstable Road
 Hyannis, MA 02601