Student's Name				Age	Grade_	
		ON 5	: HEALTH HISTORY	*		
Explain "Yes" answers at the bottom of th	is form.					
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Jpper Lower Thigh Knee Calf/shin lack back	Т	Foot/ Foes			П	П
particination in sport(s) for any reason?			aethma ar alla	rniae?		

Do you have an ongoing medical condition

Do you cough, wheeze, or have difficulty