



Program Restriction Questionnaire

Do you have any pre-existing medical conditions?

☐ Yes

☒ No

Explanation if "yes" was answered:

Are you currently under a doctor's care or taking prescribed medications/injections?

☐ Yes

☒ No

Explanation if "yes" was answered:

Do you have any known allergies?

☐ Yes

☒ No

Explanation if "yes" was answered:

Do you have any restrictions on your participation in physical activities?

☐ Yes

☒ No

Explanation if "yes" was answered:

Do you have any health conditions that will limit your working in extreme temperatures (heat / cold)?

☐ Yes

☒ No

Explanation if "yes" was answered:

Do you have any restrictions on walking for extended periods, standing or lifting?

☐ Yes

☒ No

Explanation if "yes" was answered:

Signature of Applicant:

Dana Zhumabekova Ray

Signed this

29 day of December of 2014
(Day) (Month) (Year)