

Newport Adolescent ~ Adult Programs, Inc.
Therapeutic Farm Program
637 Union Street • P.O. Box 785 • Newport, VT 05855
802-334-5085 • 800-498-5085

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Any Illnesses Diagnosed: _____

Past/Prospective Surgeries: _____

Medications: _____

Special Precautions/Needs: _____

Impairments in Dexterity, Flexibility, Movement: _____
