

Name \_\_\_\_\_ M Number \_\_\_\_\_ Today's Date \_\_\_\_\_

		Have you had a medi5.2 vcvd-1(t)1(2)(u r2 v .2 vnj())ur2 vy 1(2)(.2 vnc)6)yo)2(u hr2 v l(a)3)1(3)-3-c)6)h0yc6(KTIF
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		stinger, burner, or pinched nerve?
		Have you ever become ill from exercising in the heat?
		Do you cough, wheeze or have trouble breathing during or after activity?
		Do you have asthma?