



Medications List

Note: You may choose not to answer any question

<p>For returning participants ONLY:</p> <p>If there have been changes to your medication in the last year please list the name and dosage below.</p> <p style="text-align: center;">OR</p> <p>There are no changes to my medications in the last year.</p> <p>Date: _____</p> <p>Signature: _____</p>	<p>For NEW class participants:</p> <p>Please list all medications and dosage(s). This information will be kept confidential.</p> <p>Please advise the instructor of any medication change while taking this exercise class.</p>
Name of Medication	Dosage
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Please add an additional sheet if necessary