GALLANT HEARTS GUIDE DOG CENTER

...it takes a gallant heart...

131 Red Fox Lane – Madison, MS 39110 – 601-853-6996

Pre-Approval Health Screening for Guide Dog Use

Name: _____ Age: _____ Date of Birth: _____

Height _____ Weight _____ BP _____/_____ Pulse _____ Respiration _____

_____

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulses/Blood Pressure			
Heart			
Lungs			
Skin			
Abdominal			
Other			

Neck/Shoulders			
Elbows			
Wrists/Hands			
Back/Spine			
Hip/Pelvis			
Knees			
Ankles/Feet			
Other			

General Info	Yes	No	General Info	Yes	No
Have asthma?			Have diabetes?		
Have seizures?			Cough/wheeze?		
Use inhaler?			Allergies?		
Ever had concussion or head injury?			Ever had numbness or tingling in extremities?		
Vision problems?			Dizziness?		
Hearing problems?			Depression/stress/Chronic fatigue?		
Balance problems?			Currently taking any medications?		
Any other major medical problems?					

If you answered "yes" to any of the above, please explain/list.

_____

_____

The purpose of this physical examination is to determine the ability of the above named individual to physically handle and control a guide dog. This patient has (check one) _____ been cleared, _____ not been cleared to walk a minimum of one quarter (1/4) of a mile with a dog, twice a day. Under normal walking conditions, this patient (check one) _____ can maintain, _____ cannot maintain proper balance, coordination and dexterity to walk with a dog. Please return to address shown above.

Name of Examining Physician: _____ Signature: _____ Date: _____