



Medical Information Form

Date form completed: _____

Name of Program/Trip: _____ Trip date: _____

Name _____ Date of Birth: ____/____/____

Address _____

City _____ State _____ ZIP _____

Telephone (day) _____ (night) _____

Cell _____ email address: _____

The best way and time to reach you is _____

Height _____ Weight _____ Inseam _____ Shoe size _____

(This information is used to help us choose the appropriate kayak, wetsuit, and PFD)

Please list below any medications you are currently taking, the condition for which you take the medication, and the dosage amount:

<u>Medication</u>	<u>Medical Condition</u>	<u>Dosage</u>

Do you have, or have you had, any of the following conditions or symptoms:

1. High blood pressure _____ yes _____ no
2. Heart disease _____ yes _____ no
3. Frequent shortness of breath _____ yes _____ no
4. Seizure disorder _____ yes _____ no
5. Asthma _____ yes _____ no
6. Diabetes _____ yes _____ no
7. Cancer _____ yes _____ no
8. Circulation Problems _____ yes _____ no
9. Headaches _____ yes _____ no
10. Intestinal problems _____ yes _____ no
11. Hearing or visual impairment _____ yes _____ no
12. Motion sickness _____ yes _____ no
13. Broken bones _____ yes _____ no
14. Neck problem _____ yes _____ no
15. Back problem _____ yes _____ no
16. Arm or shoulder problem _____ yes _____ no
17. Knee, ankle or foot problem _____ yes _____ no
18. Leg problem _____ yes _____ no
19. Frequent fainting or dizziness _____ yes _____ no
20. Muscle cramps _____ yes _____ no
21. Currently pregnant _____ yes _____ no
22. PMS or menstrual problems _____ yes _____ no
23. Allergies _____ yes _____ no

If you have answered 'yes' to any of the above items, please explain on back side and include the following:

- * What specific symptoms are occurring
- * How often do symptoms/conditions occur
- * How long symptom/conditions last
- * How you care for symptom/condition
- * Date of last occurrence
- How symptom/condition restricts your activity in any way, including your ability to run, lift, climb, paddle, etc.

Describe what physical activities you do:

Do you swim? ____ yes ____ no

Dietary restrictions

Please list any foods you CANNOT eat (allergic to):

Please list any foods you prefer not to eat:

EMERGENCY CONTACT INFO

Person to contact in case of an emergency: _____ Relationship to you _____
 Home phone _____ Work # _____ Cell# _____
 Email address: _____ Preferred number to contact: _____
 Optional person to contact: _____ Relationship to you _____
 Contact information: _____

SECTION 2 - For camping trip participants only

Do you drink coffee, tea, or neither? ____ Coffee ____ Tea ____ Neither
 with milk? ____ Yes ____ No
 with sugar? ____ Yes ____ No

Please describe typical meals you eat:

Breakfast:
 Lunch:
 Dinner:

The information provided above is a complete and accurate statement of the physical and psychological factors, which may effect my participation in an H2Outfitters' program. I realize the failure to disclose such information could result in serious harm to myself and fellow customers and agree to indemnify and hold H2Outfitters harmless if all relevant information is not disclosed. I also agree to notify H2Outfitters should there be any change in my health status prior to the start date of the program. I also understand that H2Outfitters may request my physician's signature if there are any doubts as to my medical condition to participate in this program.

Date _____ Signature _____

Date _____ Signature of parent/guardian _____