



HEALTH FORM

This form is intended to remind staff and participants of the seriousness of attempting adventure activities with a pre-existing medical condition. All information is confidential.

Last _____ First _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Work _____ Home _____ Cell _____

In case of emergency, notify _____ Relation _____

Work _____ Home _____ Cell _____

Alternate contact: _____ Relation: _____

Work _____ Home _____ Cell _____

Height _____ Weight _____ **If female**, are you pregnant? Y N

Allergies _____

Current Medications _____

Please check the following if they apply:

___ Heart Conditions

___ High Blood Pressure

___ Diabetes

___ Asthma

List any sprains, breaks or surgeries **requiring hospitalization** or **within the last year**.

Are there **any other medical conditions** which might affect your participation in physical activities? _____

I attest that the information above is current and accurate.

Signature of participant (if over 18) or Parent/Guardian

Date