

Medical Information Form

The medical information you provide helps us to minimize risk and make your trip as safe as possible. Please fill this form out as completely and accurately as you can. If you need more room for any questions, please attach a separate sheet of paper.

Name		Date of Birth				
Height	Weight	Date of Birth lbs / Kg				
Person to contact in	case of emergency:					
		Relationship				
Day Phone #	ne #Evening Phone #					
Email address						
Is this person traveli	ng with you?					
		on who is not traveling with you.				
		Relationship				
		Evening Phone #				
-						
Email address						
Primarv Physician (r	name and phone #)					
•						
		or drugs including prescription medications, over-theic supplements? (list all medications and dosage)				
• Will you be taking	these and/or other med	dications during the trip?				
•	_	ects, or medications? (please explain the allergen, the				
• If you do have alle	rgies, do you carry your	own personal anaphylaxis kit?				
	hysical or mental limita alth or performance dur	itions on your activities, or any other condition that ing physical activity?				

	c/guardian signature:ticipant is under age 18)						
Partic	ipant signature:			Jate:			
Please sign below: The information I have provided on this form is complete, true and accurate to the best of my knowledge.							
	☐ Diagnosed mental illness		□ P	regnancy			
_	hearing impairment		□ н	ospitalization in past year			
	☐ Uncorrected vision, speech, or			nortness of breath or other espiratory condition			
	☐ Heat or cold intolerance☐ Frostbite			hronic headaches or migraines hortness of breath or other			
	☐ Circulation problems		□ K	idney problems			
	☐ Urinary tract problem	_		ypoglycemia			
	☐ Head injuries☐ Intestinal problem			sthma iabetes			
	arm or hand problems.			pilepsy / Seizure disorder			
_	neck, back, foot, ankle, leg, knee,			lood disease			
	☐ Severe sprains☐ Joint problems including: shoulder,			regular heartbeat or murmur leeding disorder			
	☐ Broken bones		□ Н	eart disease			
	problems			igh or low blood pressure			
	No Altitude illness or altitude related	Yes		evere anxiety or depression			
•							
	o any of the questions below please explain below						
• Do you now have, or have you previously had, any of the following conditions: If you answer							