

WILD GUYde Adventures: MEDICAL HISTORY Today's Date: _____

Name _____ Gender _____ D.O.B. _____

Home Address _____

Phone _____ E mail _____

Height _____ Weight _____ Do You Swim? _____ Blood Type (if known) _____

Please check any that apply:

_____ **Asthma** (including *exercise induced*); do you carry an inhaler? _____

_____ **Allergic reactions**; please specify: _____ Do you carry an Anakit or Epipen? _____

_____ **Epilepsy or seizure history**; date of most recent incident: _____

_____ **Hospitalization/surgery within the last year**; please specify, along with *general* or *local* anesthetic: _____

_____ **Regular or recent use of controlled substances** (i.e. prescription medication, recreational drugs, alcohol, tobacco, contraceptives, etc.); please specify: _____

_____ **Diabetes**; do you carry insulin? _____

_____ **Musculo-skeletal condition**; please specify: _____

_____ **Cardio-respiratory disorder**; please specify: _____

_____ **Any other known physical limitation**; please specify: _____

_____ **Corrective or protective devices** (glasses, joint braces, contact lenses, orthodontia, etc.); please specify: _____

Health Insurance Co. _____ Policy No. _____

Home Phone _____

Person to notify in case of emergency _____ Work phone _____

Address _____ Relationship _____

Staff Review (initials and dates): _____