

Forward Bound



Medical History Questionnaire

Please take a few moments to complete this questionnaire in case emergency first aid needs to be administered. All information will be held in highest confidentiality.

| | | |
|------------------------------------|---------------------|----------|
| Name _____ | Date of Birth _____ | Sex: M F |
| Medical Insurance Company _____ | | |
| In Case of Emergency Contact _____ | Phone # _____ | |

| Questions | ANSWER (List or explain on back) | | |
|---|-------------------------------------|---------------------------|-----------------|
| | NO | YES | |
| 1. Are you allergic to any medication (aspirin, penicillin, etc.)? List: | | | |
| 2. Can you hike with moderate exertion? | | | |
| 3. Do you take any medication? List, with reason: | | | |
| 4. Have you had recent surgical operations, accidents or injuries? | | | |
| 5. Do you have or have you had any heart related problems? | | | |
| 6. Are you pregnant? | | | |
| 7. Are you currently taking any behavior modification medicine? | | | |
| 8. Do you wear ___ glasses or ___ contact lenses? | | | |
| 9. Date of last tetanus immunization: | | | |
| 10. Please check (✓) any of the following medical conditions you have had within the last five years: | | | |
| Hay fever or allergies (Especially to bees, ants, etc.) | Severe stomach aches | Ear ache or ear infection | Heart Disease |
| Kidney disease (infection, etc.) | Diabetes | Menstrual problems | Fainting spells |
| Lung disease (pneumonia, etc.) | Liver disease | Asthma | Seizures |
| High blood pressure | Hernia | Anemia | Hepatitis |

List any other medical condition(s) of which BLS (Basic Life Support) and/or ALS (Advanced Life Support) personnel should be aware, include medications that you are presently taking.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury or illness during this activity.

Signature _____ Date _____