

MEDICAL FORM



MUST BE RETURNED 7 DAYS PRIOR TO TRIP
Fax: (250) 725-2070

Tour: _____

Tour Date: _____

The information that you reveal on this form will be kept confidential. It will not be used to deny you access to the program.

- General health: _____
- Fitness: _____
- Swimming ability: _____
- Physical limitations: _____
- Psychological limitations (i.e. fear of water, heights, darkness, being alone, etc.): _____
- Eyesight:
 Glasses Contacts *If you depend on corrective lenses for adequate vision, please bring a spare set in case of loss or damage; eye irritation may prevent use of contacts: Spare glasses are recommended.*
- Food allergies & dietary restrictions (please be very specific – our menu plan may be adjusted based on this information): _____
- Allergies: _____
Describe allergic reaction: _____
- Medications, prescription and non-prescription*: _____
- * *Check expiry date and bring a spare supply in case of loss or damage.*
- Are you susceptible to motion sickness or sea sickness? No Yes
- Medical conditions or illnesses (i.e. high blood pressure, heart condition, seizure disorder, HIV+, diabetes, hypoglycemia, emphysema, asthma, hayfever, raynauds, migraine, etc.): _____
- Susceptibility to headaches, nosebleeds, fainting, colds, sinus problems, or other discomforts: No Yes; please describe: _____
- Have you been under a doctor's care in the last 12 months?
 No Yes; please describe: _____
- Back problems: No Yes; please describe: _____
- Previous history of joint injuries (sprains, dislocations, tendonitis, bursitis, carpal tunnel syndrome, etc.): _____
- Use anti-inflammatory drugs to control joint inflammation:
 No Yes; type: _____
Please bring adequate supply for the trip duration.
- Infection susceptibility (i.e. wound, urinary tract, sinus, chest, etc.): _____
- Date * of last tetanus inoculation or booster: _____

**Tetanus immunization must be up to date (with in 10 years). If no tetanus shot we will have to evacuate you with in 24 hours of any deep cut on overnight tours.*

The information that you provide on this form is vital. It enables the instructors or guides to reduce the risk of injury or illness complications, as well as to prepare contingency plans in the event that an emergency does occur.

Name: _____

Address: _____

Postal Code: _____

Phone: _____

Birthdate: _____

Male Female

Emergency Contact	
Name:	_____
Relationship:	_____
Address:	_____
Home phone:	_____
Work Phone:	_____

Doctor: _____

Doctor's Phone: _____

Medical Insurance # _____

I, _____ <i>Please print participant's name</i> have honestly disclosed all of the information requested in the above questions and I understand that withholding information may contribute to injury or illness complications, and possibly compromise the care provided in the event of an emergency.
If any of the above information changes prior to, or during the trip I will immediately notify the leader or instructor.

_____ 2010 _____
date signature

If the participant is under 19 years of age a parent or guardian must sign.

parent or guardian's signature