**HEALTH HISTORY**

**\*Please write NA (not applicable) in sections that do not apply instead of leaving them blank.**

Name of Activity Departure Date

Name Age Sex Date of Birth    /       /

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address State  Zip

Permanent Address State  Zip

Mobile phone Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Phone \_\_\_\_\_\_

Student/Year     Faculty Dept. Staff Dept.

Occupation Height\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY**

Name Relationship Phone \_\_\_\_\_\_

Address City State Zip

Insurance Company and Policy Number

**Please list any medications (prescription and non-prescription) that you currently take, its purpose, and any side effects that you know of that may affect you during Outdoor Adventure programming**

|  |  |  |
| --- | --- | --- |
| Medication | Purpose | Known side effects |
| jk |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please be very thorough in responding to the following medical issues**

**1)** List and describe any injuries, operations, illnesses or physical conditions for which you are now under treatment or that requires regular medication (i.e. high blood pressure, heart disease, diabetes, etc…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2)** Are you ALLERGIC to any of the following? Please describe the allergen and the reaction.

Medications: penicillin, aspirin, sulfa, other

Foods: peanuts, dairy products, grains, shellfish, other

Insect bites: bees, wasps, mosquitos, other ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

Other: wool, latex, acrylic…

**3)** Have you had any of the following? Please state the year of occurrence and location on body where applicable:

Hernia Dislocation Fractures Concussion Back or neck injuries Sprains or strains \_ Heart problems

Diabetes\_\_\_\_\_\_\_\_\_\_ If **yes** for any please describe the current status of the problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4)** List any other physical disabilities or chronic conditions (i.e. vision, hearing)

**5)** Do you tire easily, if yes explain why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6)** Do you have a perceptual disability? (e.g. dyslexia) \_\_\_\_\_

**7)** Do you have any emotional, mental or behavioral challenges? \_\_\_\_\_\_

**8)** Do you have any foot, ankle or knee problems?

**9)** Do you have a current tetanus immunization? Date Administered

**10)** Do you have any special dietary considerations?\_

**11)** Have you had formal First Aid training? No Yes If Yes Please list what level (i.e. WFR, Red Cross first aid, nurse, EMT, WFA, etc…)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Is your first aid training current? No Yes

Not very active Very active

Level of physical fitness: 1 2 3 4 5

Non-swimmer Advanced swimmer

Swimming level: 1 2 3 4 5