

# Medical History

The remote and untamed energy of wild places requires that extra attention to be given to one's health condition and physical fitness. Terrain, weather, altitude, physical exertion, and changes in temperature all place increased demands on one's body. The confidential information you share on this form helps your Into the Wild Journey guide be aware of your needs in serving you having a rewarding experience. Please update any changes that may occur before our trip.

Name: \_\_\_\_\_ Trip Title/Date(s): \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

**Please explain any questions answered "yes" below. Use the back side or additional paper if necessary.**

**Yes      No**

\_\_\_\_\_      \_\_\_\_\_ Do you currently have any medical condition that requires medication and/or continued care of a physician?

\_\_\_\_\_      \_\_\_\_\_ List any medications you are currently taking and explain why.

\_\_\_\_\_      \_\_\_\_\_ Do you have any allergies to food, medication or anything that you are aware of? If yes, what is your reaction? When was your last experience of that? How was it treated? Do you carry an EpiPen?

\_\_\_\_\_      \_\_\_\_\_ Have you been hospitalized in the last 3 years? If yes, what for?

\_\_\_\_\_      \_\_\_\_\_ Have you ever been diagnosed for epilepsy, diabetes, high blood pressure, a heart condition, asthma or respiratory condition, ulcers, colitis, or intestinal problems, or any disease? If yes, please explain and when.

\_\_\_\_\_      \_\_\_\_\_ Do you have any history of joint injuries or pain? If yes, please provide a history, how it was treated, and status of your current condition.

\_\_\_\_\_      \_\_\_\_\_ Have you ever experienced dizziness, nausea, shortness of breath, headache or decreased concentration at higher altitudes? If yes, when, at what elevation, and how did you address the symptoms?

\_\_\_\_\_      \_\_\_\_\_ Have you ever experienced fear or anxiety from heights, open spaces or the sight of spiders, snakes, etc.? If yes, please explain.

\_\_\_\_\_      \_\_\_\_\_ Do you have any eating restrictions or food allergies?

\_\_\_\_\_      \_\_\_\_\_ Are there any medical conditions, situations or needs that have not been addressed by the above questions? Please explain.

## HEALTH INSURANCE

It is recommended that all participants be covered by health and accident insurance. It is your responsibility to make sure your insurance covers you for the duration of the excursion. If you do not already have health insurance, short-term policies are available from local insurance agents.

\_\_\_\_\_      \_\_\_\_\_ Do you have personal health/accident insurance?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy # \_\_\_\_\_ Group #: \_\_\_\_\_ Agreement #: \_\_\_\_\_

I have answered all questions to the best of my knowledge.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_