CONFIDENTIAL HEALTH QUESTIONNAIRE

Participant Name: Trip Start Date: Adventure Trip Name: Trip Leader(s):

Birthdate: Height: Weight:

Home Address: Street City State Zip

Please provide information on two (#1 and #2) emergency contacts who will not be traveling with you.

Emergency Contact #1: Relationship #1:

Address #1: Street City State Zip

Emergency Phone # 1: (day): (eve): (cell):

Emergency Contact #2: Relationship #2:

Emergency Phone #2 (day): (eve): (cell):

Insurance Coverage: Participant is responsible for his or her own medical expenses.

Primary Insurance Company: Insurance Company Phone:

Name of Policy Holder:

Certificate/Policy/ID #: Group # (if applicable):
Secondary Insurance Company: Insurance Company Phone:

Name of Policy Holder:

Certificate/Policy/ID #: Group # (if applicable):

EIGHT-QUESTION HEALTH QUESTIONNAIRE

Parent or legal guardian should complete form for their minor child participating in this activity. Yes No

- **1. Have you experienced an asthma attack at any time in your life?** (Asthma can potentially be affected by exercising at altitude, in dry air, extreme cold, etc.)
- **2.** Have you ever been diagnosed with type I or type II diabetes? (A diabetic can easily become dehydrated in the backcountry. Further, long, arduous days/hikes can lead to hypoglycemia, etc.)
- 3. Have you ever visited a medical professional for a serious allergic reaction, or have you ever been given a shot of epinephrine for an allergy or anaphylaxis?

(Some people are allergic to stinging insects; nut products or other food products which a coparticipant might be carrying or may be included in a meal prepared by the guiding staff; iodine, which might be used to treat drinking water and/or clean wounds, etc.)

- 4. Have you ever received medical treatment for angina, a heart attack, or any type of heart disorder/disease?
- 5. Have you ever been diagnosed with or are you currently being treated for high blood pressure?

(The environment and workload associated with these excursions can sometimes affect BP and/or the efficiency of some BP medications.)

6. Have you ever seen a medical professional following a seizure, or are you currently being treated for any type of seizure disorder? (Some seizures are triggered by fatigue and dehydration [which can occur following a long hike], significant change in diet, stress, etc.)

7. Covid19 Information:

Have you tested positive for Covid19?

Have you taken a Covid19 vaccine (if available in your region)?

Date of test?

Which vaccine?



8. Is there anything else you think we should know about your medical background? (Anything that could affect your safety or ability to participate fully, i.e. recent surgery orthopaedic injuries etc.?)

DIETARY RESTRICTIONS: **Please be specific** (vegetarian, no red meat, vegan, lactose intolerant, **food allergies,** strong food dislikes, etc.):

If you answered **YES** to **ANY** of the above questions please answer those of the following that apply as well:

- · I was diagnosed with in the last year.
- I have been in a hospital or emergency department in the last two years due to:
- · I have had to use epinephrine following an asthma attack/allergies or anaphylaxis in the last year?
- · Will you be bringing/carrying epinephrine on the outing?
- · What are you allergic to?
- · How often do you use your inhaler to treat your asthma or wheezing?
- Do you have poor circulation due to your diabetes?
- · Will you be carrying insulin or wearing an insulin pump during your outing?
- · Are you able to exert yourself for more than 30 minutes without experiencing angina (chest) pain?
- · Are you currently taking medication for your seizures?
- · Have you experienced a seizure within the past year?
- Is your blood pressure currently under control (i.e., systolic under 140 and diastolic between 60 and 100)?

If there is anything else you think we should know about your medical background or might limit your ability to participate in the trip, please explain here.

PLEASE READ CAREFULLY! Participants (and parents/guardians, if appropriate) must read and sign below.

Participant acknowledgement of accuracy and understanding. By signing this form, I am declaring that, to the best of my knowledge, I have completed the questionnaire accurately. I also understand that by knowingly filling out the form inaccurately, or by withholding pertinent information about my health, I could potentially be increasing the risk to myself or others.

Consent to accept aid. By signing this form, I am giving consent and permission for the guiding staff, volunteers, representatives, or contractors to provide medical care to me or to my child, to transport me or my child to a medical facility or to seek the aid of emergency medical services as deemed appropriate. I further authorize the guiding staff, representatives, or contractors to render whatever treatment they consider necessary for my or my child's health, and I agree to pay all costs associated with that care and transportation

with that dare and transportation.	
Participant's name (printed) & Participant's signature	

Signature of parent/guardian (if applicant is under 18)