

**WILD GUYde Adventures: MEDICAL HISTORY** Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ E mail \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Do You Swim? \_\_\_\_\_ Blood Type (if known) \_\_\_\_\_

Please check any that apply:

\_\_\_\_ **Asthma** (including *exercise induced*); do you carry an inhaler? \_\_\_\_\_

\_\_\_\_ **Allergic reactions**; please specify: \_\_\_\_\_ Do you carry an Anakit or Epipen? \_\_\_\_\_

\_\_\_\_ **Epilepsy or seizure history**; date of most recent incident: \_\_\_\_\_

\_\_\_\_ **Hospitalization/surgery within the last year**; please specify, along with *general* or *local* anesthetic: \_\_\_\_\_

\_\_\_\_ **Regular or recent use of controlled substances** (i.e. prescription medication, recreational drugs, alcohol, tobacco, contraceptives, etc.); please specify: \_\_\_\_\_

\_\_\_\_ **Diabetes**; do you carry insulin? \_\_\_\_\_

\_\_\_\_ **Musculo-skeletal condition**; please specify: \_\_\_\_\_

\_\_\_\_ **Cardio-respiratory disorder**; please specify: \_\_\_\_\_

\_\_\_\_ **Any other known physical limitation**; please specify: \_\_\_\_\_

\_\_\_\_ **Corrective or protective devices** (glasses, joint braces, contact lenses, orthodontia, etc.); please specify: \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Home Phone \_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Staff Review (initials and dates): \_\_\_\_\_