



Medical Form **Brief Personal Survey**

The adventure education environment must be a safe one. This form is intended to notify staff of your existing medical conditions that could impact the safety of yourself & the group. For strenuous physical activities it is our advice that you seek permission from your personal physician regarding your fitness to participate in these activities.

Questions:

1. Do you experience or have you experienced any heart problems or are you taking any heart-related medication?
Yes No

2. Are you taking any medication for pain or for chronic illness?
Yes No

3. Do you have higher-than-average blood pressure?
Yes No

4. Do you experience any: (a) serious allergic reactions (*bees, medications, common foods, plants, chiggers, etc.*)

(b) asthma or other respiratory problems

(c) physical condition or limitation (*backache, knee, shoulder, neck, etc.*)

5. Do you have any other condition(s) which you think may be aggravated by your participation in the program?
Y/N

In case of emergency, contact: _____

Phone Number(s) _____

***NOTE:** If the answer to any of the questions above is "Yes," one of our staff may like to check-in with you about the situation. We are able and willing to adjust the program to fit your needs (within reason).*

I have disclosed to program staff any pertinent medical reasons that may affect my safety or the safety of others during this program. In addition, according to my specific limitations, I agree to retain the right and responsibility to choose and direct my own level of participation.

Signed: _____ Date: _____

Witness (if participant is under 18): _____