UNIVERSITY OF CALGARY outdoor centre

PARTICIPANT MEDICAL INFORMATION

All information on this form will be kept confidential and will not be used to deny access to the activity.

Name: _____ **Date of Birth:** _____
Address: _____ **Postal Code:** _____
Phone: *(Home)* _____ *(Work)* _____
Provincial Health Care Provider: _____ **Policy Number:** _____
Additional Policies: _____

Regular Exercise and Training Program (Type, time per week, intensity):
_____
_____

List Recent Related Outdoor Trip Experiences (Location, dates, type of activity):
_____
_____

Medical History

With the known activities of this trip, do you know of any physical limitations or medical disorders that may affect your full participation or performance in this outing? ____ Yes ____ No
If yes, please explain: _____
_____

Do you have a history of any of the following?
Bronchitis ___ Asthma ___ Pneumonia ___ Heart Disease ___ Epilepsy ___ Other ___
Pleurisy ___ Diabetes ___ Hypoglycemia ___ Dislocations ___ Joint Problems ___
Explanation: _____
Have you had any recent operations, illnesses or injuries? ___ Yes ___ No
If yes, when? _____ Explanation of treatment: _____

Allergies

Do you have any allergies? ___ Yes ___ No Please specify: _____
Explanation of severity, previous/recent reaction(s): _____
_____

Medications

Please list any current medications you are taking: _____
Please provide specifics about these medications: _____
Times taken: _____ Where do you carry it: _____
Information about the medication (administering, side effects) the instructor should be aware of:
_____
Name of Physician: _____ Phone: _____
Date of last Tetanus shot: _____ Do you wear a medic alert: ___ Yes ___ No
Do you wear contact lenses? ___ Yes ___ No If yes, please bring spare glasses.

In Case of Emergency, Contact:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

All of this information is true to my knowledge and I have not withheld information which may affect any medical treatment.

_____ _____
Signature **Date**