

**Adventures Without Borders - Medical Profile/Confidential**

**Personal Data**

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Medical History**

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of last physical: \_\_\_\_\_

Has your physician, at any time restricted you from physical activity? \_\_\_ No \_\_\_ Yes

If yes, specify: \_\_\_\_\_

Do you smoke: \_\_\_ No \_\_\_ Yes If yes, how much? \_\_\_\_\_

Are you on any form of medication (prescription or non-prescription)? \_\_\_ No \_\_\_ Yes

If yes, list the type and the dosage \_\_\_\_\_

Have you had any injuries or surgeries?

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Do you have any of the following:

Heart Condition \_\_\_yes \_\_\_no If yes, specify: \_\_\_\_\_

Neurological Condition \_\_\_yes \_\_\_no If yes, specify: \_\_\_\_\_

Respiratory \_\_\_\_yes \_\_\_\_no If yes, specify: \_\_\_\_\_

Asthma \_\_\_\_yes \_\_\_\_no

High Blood Pressure \_\_\_\_yes \_\_\_\_no If yes, are you taking medication? \_\_\_\_\_

Gastro-intestinal \_\_\_\_yes \_\_\_\_no If yes, specify: \_\_\_\_\_

Hernia \_\_\_\_yes \_\_\_\_no

Epilepsy \_\_\_\_yes \_\_\_\_no

Diabetes \_\_\_\_yes \_\_\_\_no

Hypoglycemia \_\_\_\_yes \_\_\_\_no

Allergies \_\_\_\_yes \_\_\_\_no If yes, specify: \_\_\_\_\_

Dizziness \_\_\_\_yes \_\_\_\_no If yes, specify: \_\_\_\_\_

Health problems not listed above: \_\_\_\_\_

Additional information: \_\_\_\_\_

I (Print Your Name) \_\_\_\_\_

Certify the information on this form to be true. I take full responsibility for my health and level of fitness for the adventure program that I am undertaking. If required, I will obtain medical clearance from my physician before taking part in this program - specify your program including start and finish dates: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_