

# MEDICAL INFORMATION FORM

This information will help to ensure you have a safe and enjoyable expedition. Please use the back of this form to provide any other information you think will help us to understand your needs and abilities.

## Your Contact Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name Travel Companion(s): \_\_\_\_\_  
\_\_\_\_\_

## Contact in Case of Emergency

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Your Doctor's Name: \_\_\_\_\_  
Doctor's Telephone: \_\_\_\_\_

## Personal Information

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_ Gender: M / F  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Insurance Information

Name of Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

## General Health (please provide as much detail as possible)

**Do you have any concerns (physical limitations, fear of water, sea-sickness, etc.)?** No / Yes  
Explain: \_\_\_\_\_

**Are you presently under the care of a physician?** No / Yes  
Explain: \_\_\_\_\_

**Do you have a medical condition or injury that could be aggravated by kayaking?** No / Yes  
Explain: \_\_\_\_\_

**Are you presently taking any prescription medications?** No / Yes  
Explain: \_\_\_\_\_

**Do you have allergic reactions to any foods, drugs, insects, etc?** No / Yes  
Explain: \_\_\_\_\_

**Do you carry an epi-pen or antihistamines?** No / Yes

**Is your tetanus inoculation current (within the past 10 years)?** No / Yes

**Do you wear prescription glasses (a sports strap is required)?** No / Yes

**Do you use a hearing aid?** No / Yes

## Physical Ability & Outdoor Experience

**Rate your level of fitness ...** Poor / Fair / Good / Excellent

**Rate your swimming ability ...** Non-swimmer / Beginner / Intermediate / Advanced

**Rate your kayak experience ...** None / A few day-trips / Many day-trips / Expeditions

**Rate your camping experience ...** None / Day-hikes only / A few camp-outs / Advanced

If you are bringing prescription medications – please ensure that containers are labeled with the drug name and expiration dates, including written instructions regarding dosage and frequency.