



Name: _____
First Last

Trip: **2019** Schuylkill River Sojourn

Medical History

Please print neatly. One person per form. Complete all sections. This information will be treated as confidential. Responses that do not fit in the space provided should be continued on the back of this form. You may attach additional pages if required.

For each medical condition listed below, select "Yes" if you have the condition or have had it in the past. Select "No" for conditions you have never experienced.

- Ankle, Knee, or Hip Problems Yes No
- Bleeding, Clotting, or Blood Problems Yes No
- Diabetes Yes No
- Dislocations, Fractures, or Bone Problems Yes No
- Eating Disorders Yes No
- Head Injury Yes No
- Heart or Blood Pressure Problems Yes No
- Joint Problems Yes No
- Mental Health Problems Yes No
- Migraines Yes No
- Neck, Spine, or Back Problems Yes No
- Physical Disability Yes No
- Pregnancy Yes No
- Respiratory Problems or Asthma Yes No
- Seizures, Epilepsy, or Neurological Problems Yes No
- Shoulder or Arm Problems Yes No
- Stroke Yes No

Describe all medical conditions (listed above or otherwise) that you are being treated for. Explain all "Yes" answers above.

Personal Details

Date of Birth: _____ Sex: Male Female

Describe all recent surgeries, injuries, and illnesses.

Allergies

List all known allergies. Include food, medication, animal, insect, topical, and all other allergies you may have. Describe the symptoms you experience when exposed to each allergen and when you last had a reaction.

Medications

List all prescription and non-prescription medications you take. Indicate why you take each, the dosage, and frequency.

Emergency Contact

Person (not on the trip) to contact in the event of an emergency:

Name _____ Relationship _____

Phone Number _____ Alternate Phone Number _____

Additional Information

Are any of your responses continued on the back? Yes No

Are additional pages of medical history information attached?

Yes, number of additional pages: _____ No