

Client/Participant Medical History Form

Name _____ D.O.B. ____/____/____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Vigorous physical activity should not pose any harm to most people. This form is intended to identify any individuals who may require the further consult of a physician to determine the most suitable activities for that individual.

Has your doctor ever said you have heart trouble? _____

Do you suffer from chest pains? _____

Do you have dizzy spells? _____

Do you have high blood pressure? _____

Do you suffer from bone or joint problems such as arthritis? _____

Do you have any current, temporary illnesses (colds etc.)? _____

Do you have any pre-existing injuries that could be aggravated by this activity?

No _____, if yes, _____ please specify _____

_____(continue on back of form if necessary)

Are you currently pregnant? _____

Are you allergic to any medications? _____

Do you have any serious environmental or other allergies (for example: bee stings)-

If yes do you carry and epi-pen? _____

Are you currently taking any medications? No _____, if yes _____, then what

Medications are you taking _____

_____(continue on back of form is necessary).

Are there any other pre-existing medical conditions Suntuocher Enterprises, Inc. (D.B.A. Suntuocher Mountain Guides) should be made aware of before you participate in this activity? No _____, If yes _____, please

specify _____

Signature _____ Date _____

If under the age of 18,

Signature of Parent or Guardian: _____

Print Name: _____ Date: _____