



HEALTH HISTORY INFORMATION

Name: _____

Gender: M F

Birth Date: _____

Height: _____ ft _____ in

Weight: _____

Street Address: _____

City/State/Zip: _____

Home Telephone: _____

E-mail Address: _____

Emergency Contact: _____

Emergency Telephone: _____

Please describe in general any medical conditions: _____

Are you a vegetarian? _____ Other Diet Restrictions? _____

Doctor's Name: _____

Doctor's City/State: _____

Doctor's Phone Number: _____

Health Insurance Provider: _____

Policy Number: _____

Have you ever had (if you answer yes to any, please explain):

___ Allergies _____

___ Epilepsy _____

___ Asthma _____

___ Heart disease _____

___ Broken bones _____

___ High blood pressure _____

___ Cerebral edema _____

___ Joint dislocations _____

___ Diabetes _____

___ Numbness _____



___ Operations _____ ___ Shortness of breath _____

___ Pulmonary edema _____ ___ Sprained joints _____

Do you get cold easily? _____

Have you ever had any heat-related illnesses? _____

Are you currently under a doctor's care? _____

Are you taking any medications? _____

Are you allergic to any medications? _____

Do you have any food allergies or restrictions? _____

Are you pregnant? _____

Do you smoke? _____

Do you have any condition that might limit your activity? _____

Your current fitness level? _____

Please describe a brief description of your fitness regimen? _____

Prior Hiking Experience: _____

Prior Backpacking Experience: _____

Is there anything not covered in above that you think is pertinent? _____

This information I have give regarding my medical history is completely thorough. I will notify the trip leader if any changes occur between now and when the expedition begins. I understand that Canyon Tough reserves the right to refuse service at my expense due to misrepresentation of medical information. I certify that the above information is accurate to the best of my knowledge.

CLIENT SIGNATURE: _____

Print Name

Date