



Medical and Personal Form

The information that you provide on this form is important: it enables the guides to reduce the risk of injury or illness complications, as well as to prepare contingency plans in the event that an emergency does occur. Withholding details may contribute to injury or illness complications, and may possibly compromise the care provided in the event of an emergency. The information you submit will be kept confidential. It will not be used to deny you participation in the trip.

Trip name:		Trip date:	
Surname:		First name:	
Address:		City:	
Country:		Postal / zip code:	
Phone number home:		Cell phone number:	
Phone number work:		e-mail address:	
Profession:		Date of birth:	
Gender: M F	Height:	Weight:	
Doctor's name:		Phone number:	
Emergency contact:		Relationship:	
Address:		City:	
Country:		Postal / zip code:	
Phone number:		Cell phone number:	

Evaluate your health and physical condition (please circle):	fair	average	above average	Excellent
Evaluate your swimming ability (please circle):	non swimmer	Poor	fair	good
Do you smoke?				YES NO
Date of your last tetanus inoculation or booster:				
(Note: it is mandatory that you have had a tetanus shot within the last 10 years)				
Do you have any psychological limitations? (e.g. fear of water, heights, darkness etc.)				YES NO
Please describe:				
Has there been any change in your general health in the past year?				YES NO
Please describe:				
Are you currently under the care of a physician?				YES NO
If yes, what is the condition being treated?				
Have you ever had any serious illness, injury, or operation?				YES NO
If yes, what was the illness, injury, or operation and date?				
Have you been hospitalized or had a serious injury within the past five years?				YES NO
If yes, what was the nature?				
Do you wear contact lenses?				YES NO
Have you had any serious trouble associated with any previous dental treatment?				YES NO
Please list any medical or food allergies and describe fully the nature of your reaction(s):				

Are you taking any of the following? If yes, please print the drug name:		
Antibiotics or sulfa drugs	YES	NO
Anticoagulants (blood thinners)	YES	NO
Anti-inflammatory	YES	NO
Cortisone (steroids)	YES	NO
Digitalis or drugs for heart condition	YES	NO
Insulin	YES	NO
Pain killers	YES	NO
Nitroglycerin	YES	NO
Other	YES	NO

Do you have or have you had any of the following diseases or conditions? Please elaborate:

Arthritis	YES	NO
Asthma or hay fever	YES	NO
Cardiovascular disease (heart trouble, heart attack)	YES	NO
Coronary insufficiency, stroke, coronary, occlusion, arteriosclerosis	YES	NO
Fainting spell or seizures	YES	NO
Hepatitis, jaundice, or liver disease	YES	NO
High blood pressure	YES	NO
HIV	YES	NO
Hives or skin rash	YES	NO
Inflammatory rheumatism (painful swollen joints)	YES	NO
Kidney trouble	YES	NO
Low blood pressure	YES	NO
Tendonitis, Tenosinovitis or Carpal-Tunnel syndrome	YES	NO
If yes, please give details		
Have you had abnormal bleeding associated with previous extraction, surgery or other trauma?	YES	NO
Women: are you pregnant?	YES	NO
Do you have any blood disorder such as anemia? Or other? If yes please elaborate:	YES	NO

Are you allergic to, or have you adversely reacted to any of these? Please elaborate:

Anti inflammatory	YES	NO
Aspirin	YES	NO
Barbituates, sedatives, sleeping pills	YES	NO
Codeine or other narcotics	YES	NO
Iodine	YES	NO
Local anesthetics	YES	NO
Penicillin or other antibiotics	YES	NO
Sulfa drugs	YES	NO
Other	YES	NO

Please explain if you have any disease, condition, or problem not listed above that you think we should know about

We are happy to accommodate all participants who may have religious dietary constraints. Please list below any foods that you do not consume.

I have honestly disclosed all of the information requested in the above questions; I understand that withholding information may contribute to injury or illness complications, and possibly compromise the care provided in the event of an emergency. Should there be any changes related to my health or my ability to participate in the trip, I will notify Ecosummer Expeditions / or the Ecosummer trip leader immediately.

Name	Signature	Date
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If the participant is under 19 years old, a parent or guardian must sign:

Name of parent or guardian	Signature	Date
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