



## 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