

MEDICAL INFORMATION FORM

This information will help to ensure you have a safe and enjoyable expedition. Please use the back of this form to provide any other information you think will help us to understand your needs and abilities.

Your Contact Information

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____
Name Travel Companion(s): _____

Contact in Case of Emergency

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____
Your Doctor's Name: _____
Doctor's Telephone: _____

Personal Information

Date of Birth: ____ / ____ / ____ Gender: M / F
Height: _____ Weight: _____
Occupation: _____

Insurance Information

Name of Company: _____
Phone Number: _____
Policy Number: _____

General Health (please provide as much detail as possible)

Do you have any concerns (physical limitations, fear of water, sea-sickness, etc.)? No / Yes
Explain: _____

Are you presently under the care of a physician? No / Yes
Explain: _____

Do you have a medical condition or injury that could be aggravated by kayaking? No / Yes
Explain: _____

Are you presently taking any prescription medications? No / Yes
Explain: _____

Do you have allergic reactions to any foods, drugs, insects, etc? No / Yes
Explain: _____

Do you carry an epi-pen or antihistamines? No / Yes

Is your tetanus inoculation current (within the past 10 years)? No / Yes

Do you wear prescription glasses (a sports strap is required)? No / Yes

Do you use a hearing aid? No / Yes

Physical Ability & Outdoor Experience

Rate your level of fitness ... Poor / Fair / Good / Excellent

Rate your swimming ability ... Non-swimmer / Beginner / Intermediate / Advanced

Rate your kayak experience ... None / A few day-trips / Many day-trips / Expeditions

Rate your camping experience ... None / Day-hikes only / A few camp-outs / Advanced

If you are bringing prescription medications – please ensure that containers are labeled with the drug name and expiration dates, including written instructions regarding dosage and frequency.