THE BAD ADVENTURE COMPANY

Name: _____ First _____ Last

Trip: **2018** Schuylkill River Sojourn

Medical History

Please print neatly. One person per form. Complete all sections. This information will be treated as confidential. Responses that do not fit in the space provided should be continued on the back of this form. You may attach additional pages if required.

For each medical condition listed below, select "Yes" if you have the condition or have had it in the past. Select "No" for conditions you have never experienced.

Ankle, Knee, or Hip Problems	☐ Yes	☐ No
Bleeding, Clotting, or Blood Problems	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Dislocations, Fractures, or Bone Problems	☐ Yes	☐ No
Eating Disorders	☐ Yes	☐ No
Head Injury	☐ Yes	☐ No
Heart or Blood Pressure Problems	☐ Yes	☐ No
Joint Problems	☐ Yes	☐ No
Mental Health Problems	☐ Yes	☐ No
Migraines	☐ Yes	☐ No
Neck, Spine, or Back Problems	☐ Yes	☐ No
Physical Disability	☐ Yes	☐ No
Pregnancy	☐ Yes	☐ No
Respiratory Problems or Asthma	☐ Yes	☐ No
Seizures, Epilepsy, or Neurological Problems	☐ Yes	☐ No
Shoulder or Arm Problems	☐ Yes	☐ No
Stroke	☐ Yes	☐ No

Describe all medical conditions (listed above or otherwise) that you are being treated for. Explain all "Yes" answers above.

Personal Details

Date of Birth: _____ Sex: ☐ Male ☐ Female

Describe all recent surgeries, injuries, and illnesses.

Allergies

List all known allergies. Include food, medication, animal, insect, topical, and all other allergies you may have. Describe the symptoms you experience when exposed to each allergen and when you last had a reaction.

Medications

List all prescription and non-prescription medications you take. Indicate why you take each, the dosage, and frequency.

Emergency Contact

Person (not on the trip) to contact in the event of an emergency:

_____ Name _____ Relationship

_____ Phone Number _____ Alternate Phone Number

Additional Information

Are any of your responses continued on the back? ☐ Yes ☐ No

Are additional pages of medical history information attached?

☐ Yes, number of additional pages: _____ ☐ No