**Medical Questionnaire**

Name:

Age:

Trip booked:

Our adventure tours and programs are intended for participants in reasonably good health for the sake of their safety and the safety of others. We require that you complete all questions fully and truthfully. The information you provide is important, and potentially critical, in the event of a medical emergency. A medical emergency situation is extremely unlikely; however, should it arise we are armed with the necessary information to help you.

The information you provide to Outer Coast Outfitters in this form will be held in the strictest confidence, and will be used only to the extent necessary to provide necessary emergency medical care and/or evaluate fitness for your selected activity.

You should always consult with your physician and anyone else familiar with your medical history and needs before embarking on any adventure travel. Please ensure that you have confirmed with a medical professional that you are medically fit to embark on the trip you have booked.

If you do not disclose a condition, infirmity, injury, or ailment herein and are subsequently deemed to be unfit for this trip due in whole or in part to such condition, infirmity, injury or ailment, Outer Coast Outfitters shall have the right to remove you from the trip with no refund or compensation payable. Additionally, if you are found be intoxicated with any substance, legal, illegal or prescription, so that we deem it unsafe for yourself, staff members or other participants, we reserve the right to remove you from the trip with no refund or compensation payable.

1. Is your tetanus immunization current?

Yes No (circle one)

1. During the last 5 years, have you suffered any significant illness, been diagnosed with a medical condition, been hospitalized or required regular care by a doctor?

Yes No (circle one)

If YES, please indicate reason:

1. Do you take medication or drugs related to a pre-existing medical condition?

Yes No

\*If YES, please note the type and have 2 sets available on the trip, one for the guide to carry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any allergies or reactions to any medication or drugs?

Yes No

If YES, please specify:

1. Are you pregnant?

Yes No

If YES, how far into the pregnancy are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have difficulty walking or use a device for mobility assistance such as crutches, cane or wheelchair?

Yes No

1. Have you ever had any of the following:

|  |  |  |
| --- | --- | --- |
| 1. Tuberculosis, chronic bronchitis, emphysema or any other lung problems
 | Yes | No |
| 1. Asthma that effects everyday activities and/or use an inhaler regularly
 | Yes | No |
| 1. High blood pressure, heart or respiratory problems; or rheumatic fever
 | Yes | No |
| 1. Gout or arthritis or any back, leg or foot problems
 | Yes | No |
| 1. Gastric or duodenal ulcer, colitis or intestinal trouble
 | Yes | No |
| 1. Epilepsy or seizures of any kind
 | Yes | No |
| 1. Kidney or bladder disease
 | Yes | No |
| 1. Diabetes, cancer or tumor of any kind?
 | Yes | No |

1. Do you have any physical limitations, disabilities or prosthesis?

Yes No

If YES, please indicate reason:

1. Are you affected by any other pre-existing medical conditions including mental illnesses not listed above?

Yes No

If YES, please specify: