

Carpe Diem Kayaking 2010 Medical/Health Questionnaire

Kayaking is a physically demanding activity that comes with risks. In the event of an emergency, having the correct information and history on hand and being able to get it into the hands of health care providers quickly could be the difference between life and death. This information will be kept confidential.

Name: _____ Age: _____ Gender: _____ Height:* _____ Weight:* _____

Emergency Contact person: _____ Relationship: _____

Day phone: _____ Evening phone: _____

Health insurance carrier _____ Policy number _____

Medical Information: (Check all that apply)

Diabetes _____ High blood pressure _____ Asthma _____ Epilepsy _____ Stroke _____

Have heart disease _____ Have you ever had a heart attack or stroke? _____ Chest pain w/physical exertion _____

Have you had an allergic reaction? _____ To what? _____ Do you carry an Epi pen? _____

Lung disease or breathing disorder? _____ Back problems _____ Wrist/elbow/shoulder/hip/knees/ankle problems _____

Are you currently under a doctor's care? _____ If so, for what condition? _____ Are you pregnant? _____

Are you currently taking any prescription medication? _____ If so, what? _____

Have you undergone surgery within the last 12 months? _____ If so, what? _____

Have you been advised by a healthcare provider not to engage in vigorous physical activity? _____

Dietary Restrictions or food allergies _____

Health Questionnaire:

Do you exercise for at least 20 minutes 3 or more times a week? _____ Do you smoke? _____

Please give a brief but accurate description of your general health and weekly activity level: _____

Please describe anything else about your physical or emotional condition that could impact on your ability to engage in a strenuous physical activity or that we should know to make your time in class a better learning experience? _____

I affirm that my health is good and that the above information is accurate and complete.

Signature: _____ Print: _____