FOR OFFICE USE ONLY

Follow-up
Seen and Approved

Wilderness Spirit Adventures Ltd.

CONFIDENTIAL MEDICAL HISTORY

PLEASE NOTE: Access to the information on this form is limited to Wilderness Spirit Adventures and the Wilderness Spirit Staff delivering your program. It will not be shared with your colleagues, your employer, or others.

PARTICIPANT INFORMATION:

Selected Canoe Trip: _____

Name: _____

Street: _____

City: _____

Province: _____ Postal Code: _____

Home Telephone: (_____) _____

Business Telephone: (_____) _____

E-mail Address: _____

© Male © Female Birthdate: (mo./day/yr.) _____

Age: _____ Height: _____ Weight: _____

EMERGENCY CONTACT:

Person to be notified in case of illness or injury:

Name: _____

Street: _____

City: _____ Province: _____

Postal Code: _____

Home Telephone: (_____) _____

Business Telephone: (_____) _____

Relationship: _____

Family Physician _____

Telephone: (_____) _____

Street: _____

City: _____ Prov: _____ Postal Code: _____

Does the Applicant have other private medical insurance coverage?

_____

Insurance Company: _____

Address: _____

Phone: (_____) _____

Is the Applicant covered by a public/provincial medical plan?

_____

By which province? _____

IF YOU CHECK YES TO ANY QUESTION BELOW, DESCRIBE DETAILS ON THE RIGHT SIDE OF THE PAGE, USING AN ADDITIONAL SHEET OF PAPER IF NECESSARY.

	Check one	Describe Details if answer is YES
1. Has a physician or other medical practitioner ever advised you to limit any of your normal day-to-day activities or refrain from any form of exercise?	Yes ☐ No ☐	
2. Do you have any conditions or past injuries which cause you pain or limit the range of motion of your muscles, joints, bones, spine or other parts of your body?	Yes ☐ No ☐	
3. Do you get out of breath climbing stairs, experience any chest pain, get dizzy, or have any problems breathing?	Yes ☐ No ☐	
4. Do you have high blood pressure? **If YES** list readings and date taken.	Yes ☐ No ☐	
5. Do you have a family history of heart disease? **If YES** please detail.	Yes ☐ No ☐	
6. Have you had any recent illnesses or surgery? **If YES** please list.	Yes ☐ No ☐	
7. Do you snore or breathe noisily during sleep?	Yes ☐ No ☐	
8. Are you pregnant? **If YES**, what trimester?	Yes ☐ No ☐	
9. Do you have any dietary restrictions? **If YES**, please list.	Yes ☐ No ☐	
10. Are you allergic to any foods, bee stings, drugs or medications? **If YES**, please list.	Yes ☐ No ☐	
11. Are you currently taking any drugs or medications? **If YES**, please list.	Yes ☐ No ☐	
12. Is there anything else you feel we should know concerning your health or physical condition? If so, please elaborate.	Yes ☐ No ☐	

The information provided above is a complete and accurate statement of the physical factors which affect my participation in a Wilderness Spirit Adventures canoe trip. I realize that failure to disclose such information could result in harm to myself and fellow participants, and I agree to indemnify and hold Wilderness Spirit harmless if all relevant information is not disclosed. I agree to notify Wilderness Spirit should there be any change in the my health prior to the course.

_____ _____

PARTICIPANT'S SIGNATURE DATE

_____ _____

PARTICIPANT'S NAME (Please print clearly) ORGANIZATION