

# *Cabin Fever Adventures – Medical Form*

*Cabin Fever Adventures* takes the health and safety of our clients very seriously. The information collected on this form helps us better safeguard your well-being and allows us to determine if the itinerary you have selected matches your physical capabilities. We will contact you if we require further information and will do our best to accommodate your medical needs.

The completion of this form is mandatory for trip participation and must be received with initial deposit. This information will be kept confidential and will be shared only with your guides and, if necessary, rescue medical personnel.

We reserve the right to refuse our guiding services to a client based on our estimation that we can not safely manage his/her medical conditions in the field in a manner that does not put at risk; the client, other clients, or the continuation of *Cabin Fever Adventures* as a business. However, please note that we are more than willing to work hard to develop a strategy we are comfortable with, and if we can do it safely, we will.

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Date(y/m/d): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth(y/m/d) \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Principal Health Care Plan: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Extended Insurance: \_\_\_\_\_ Plan Number: \_\_\_\_\_

If this information is not known at the time of registration please inform us as soon as possible. We require proof of coverage before departure.

Physicians Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

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Do you have any allergies to food, medications, or environmental triggers?

Allergy	Describe Reaction and Severity	Management
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Are you on any medication? Please list all prescription, non-prescription, and vitamins.

Medication	Dosage	Purpose
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Date of last Tetanus Immunization: \_\_\_\_\_

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Please describe your overall general health: \_\_\_\_\_

Are you under the routine care of a doctor for any chronic conditions or diseases?

List Previous Surgeries: \_\_\_\_\_

Previous Hospitalizations: \_\_\_\_\_

Major Injuries: \_\_\_\_\_

Women, are you pregnant? \_\_\_\_\_

Please circle any of the following conditions that you may have. Describe your condition in detail in the space below if necessary.

Diabetes, Cardiac Disease, High Blood Pressure, Stroke, Seizures, Gastro-Intestinal disease, Lung Disease, Kidney problems, Cancer, Thyroid Dysfunction, Migraines, Liver problems, Blood or Bleeding problems, Musculoskeletal disorders, Mental Health Problems.

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Please rate your physical fitness: Poor \_\_\_\_ Fair \_\_\_\_ Good \_\_\_\_ Excellent \_\_\_\_

Rate your swimming ability: Non-Swimmer \_\_\_\_ Poor \_\_\_\_ Fair \_\_\_\_ Good \_\_\_\_ Excellent \_\_\_\_

Would you or your physician say that you have any physical limitations? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else not listed or described above that you feel we should know about your health? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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I have completed this form as accurately as possible and is complete to the date signed below. I agree to notify/update *Cabin Fever Adventures* of any changes or new developments in my physical health in the period between the completion of this form and the start of the trip.

Participant's Signature: \_\_\_\_\_

Date (y/m/d): \_\_\_\_\_