

Medical Information Form

NAME:

TRIP:

This form is to be completed by each Trip Member. Your signed and completed form is required for you to participate in the trip. Please explain any “yes” answers in the spaces below or attach a separate sheet.

MEDICAL CONDITIONS: During the last 5 years, have you suffered any significant illness, been hospitalized, or required medical care for any medical condition(s) including, but not limited to:

Heart: High Blood Pressure, Heart Attack, Pacemaker, Stent	<input type="checkbox"/> N	<input type="checkbox"/> Y	Respiratory: Asthma, Emphysema, etc.	<input type="checkbox"/> N	<input type="checkbox"/> Y
Gastrointestinal: Ulcers, Colitis, Liver Disease, Crohn’s Disease, etc.	<input type="checkbox"/> N	<input type="checkbox"/> Y	Neurological: Seizures, Fainting, Stroke, Cognitive Problems, etc.	<input type="checkbox"/> N	<input type="checkbox"/> Y
Physical: Back, Leg, or Foot Problems	<input type="checkbox"/> N	<input type="checkbox"/> Y	Endocrine: Diabetes, Thyroid	<input type="checkbox"/> N	<input type="checkbox"/> Y
Recent Surgeries: Last 2 years	<input type="checkbox"/> N	<input type="checkbox"/> Y	Other Significant Medical Condition	<input type="checkbox"/> N	<input type="checkbox"/> Y

If yes, please specify:

MEDICATIONS: Are you currently taking any regular medications? N Y
If yes, please list the medications and the condition(s) they treat.

ALLERGIES: Do you have any allergies or allergic reactions to any drugs? N Y
If yes, please specify the allergy and severity.

ACTIVITY RESTRICTIONS: Do you have any impairments or restrictions, including but not limited to knee, hip, back, vision, hearing, mobility, or balance issues, which may restrict your full participation in any of the itinerary activities or may require any special arrangements or assistance? If yes, please specify.

PHYSICAL FITNESS: Please describe in detail the type, duration, intensity, and frequency of physical activities you participate in on a regular basis. How do you plan to prepare for this trip physically?

PAST EXPERIENCE: Please list your last two to three single and/or multiday hiking or active experiences. Describe when they took place, and the type, duration, altitudes reached, and intensity of physical activities.

FOR TRIP LEVEL 5 OR HIGHER: Please note, if you are joining a trip rated Level 5 or higher, you will also need a licensed physician to complete our Medical Practitioner Form (page 3).

PARTICIPANT'S SIGNATURE

The information you provide 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 travel.

By signing this, I acknowledge that I have reviewed the Detailed Itinerary and have read the “What the Trip is Like” section. I understand the demands of this Trip Level, and I am in good general health and capable of participating fully in all of the itinerary activities. I understand that if I am determined to be incapable of meeting the rigors and requirements of participating in the tour activities, the Trip Leader has the right to prohibit participation from certain activities or the trip’s entirety.

I attest that I have provided complete, accurate, and up-to-date information on this form. I agree that should there be any change to the information I have given herein of to my physical or medical condition, I will notify Wilderness Travel.

SIGNATURE

DATE

Medical Practitioner Form

TO BE COMPLETED BY A LICENSED PHYSICIAN
For Trips Rated Level 5 or Higher

Dear Physician:

This traveler is planning an adventurous trip with Wilderness Travel where emergency medical facilities may not be available on the trip and physicians do not accompany our groups. This tour is intended for travelers in good health and excellent physical condition to ensure their safety and enjoyment, along with that of their fellow travelers. More detail about what the trip is like and physical requirements of the trip can be found in the Detailed Itinerary for this adventure, which this traveler can share with you.

Please feel free to contact Wilderness Travel if you have any questions at info@wildernesstravel.com or 1-800-368-2794.

PHYSICIAN'S FULL NAME:

EMAIL:

PHONE:

The information provided to in this form will be held in the strictest confidence. Its intent is to ensure that each of our guests is in adequate medical condition for the trip and to be alerted of any health problems to the extent necessary to provide necessary emergency medical care. We would appreciate your evaluation of the following for this traveler:

OVERALL PHYSICAL CONDITION & ABILITY TO PARTICIPATE IN TOUR:

ELABORATION ON ANY MEDICAL CONDITIONS:

PHYSICIAN'S SIGNATURE

I agree that the information contained within this medical form is true to my knowledge and that the applicant is of acceptable level of health and fitness to participate in the tour.

PHYSICIAN'S SIGNATURE

DATE



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