

TRIP MEDICAL FORM

Please complete the form below, make two scanned copies of it, send one of them to kentporter@independenttours.net with your other application materials, and bring the other copy with you on the trip

General Information

Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	
City: _____	State: _____ Zip: _____
Home: (_____) _____	Work: (_____) _____ Cell: (_____) _____
E-mail address: _____ Date of Birth: _____	

Height: _____	Weight: _____ Blood Pressure: _____ Resting Pulse: _____

Emergency Contact: _____ Relationship: _____

Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

If the above person is unavailable, please notify: _____ Relationship: _____

Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Medical Insurance Information

We strongly encourage you to have medical and evacuation insurance and to bring your insurance card or other documentation with you on the trip.

Company Name: _____ Policy Number: _____

Contact Phone Number (if applicable): _____

Allergies

Include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.).

☐ NONE

Allergy	Reaction	Medication Required (if any)

OVER →

Medical History

Please list all prescription, over-the-counter, and natural medications you are taking. *Use a separate sheet if necessary.*

Medication Name	Dosage	Frequency	Side Effects (known & potential)	Reason for Taking

- Recent illness? _____
- Accidents, operations, hospitalizations? _____
- Recent exposure to infectious diseases? _____
- Do you have asthma? ☐ Yes ☐ No *If yes, please list any medications above.*
- Do you have diabetes? ☐ Yes ☐ No *If yes, please list any medications above.*
- Do you have a history of high blood pressure? ☐ Yes ☐ No *If yes, please explain on a separate sheet.*
- Do you have any problems with your eyes or vision? ☐ Yes ☐ No *If you wear prescription glasses or contacts, we recommend bringing a spare set.*
- Do you have any problems with your hearing? ☐ Yes ☐ No *If yes, please explain.*
- Are you pregnant? ☐ Yes ☐ No
- Do you have any bone, joint, or muscle problems? ☐ Yes ☐ No *If yes, please explain on a separate sheet.*
- Have you ever had a seizure? ☐ Yes ☐ No *If yes, please explain on a separate sheet.*
- Have you ever experienced altitude problems? ☐ Yes ☐ No *If yes, please explain on a separate sheet.*
- Do you have any other medical issues that might affect your participation in this trip? ☐ Yes ☐ No *If yes, please explain:* _____

- The outing may require vigorous activity, extended climbing and hiking, and other physically and mentally demanding exertion in isolated areas without medical facilities, medical providers, or means of contacting rescue or medical personnel. Please state below all physical or mental limitations and restrictions of which you are aware:
If you have no such limitations, please initial here: _____

- **Tetanus:** It is strongly advised that you are inoculated against this fatal disease and you obtain a booster within every 10 years. The date of your most recent tetanus inoculation or booster: _____ / _____ / _____

Physical Examination

Date of most recent physical: _____ / _____ / _____ Physician's name: _____
Address: _____ Phone Number: _____