



High Adventure Activity Medical Form
Attach to Participant's Health and Medical Form

Participant Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_
Emergency Contact
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Health Examination

To be completed by a Licensed Health-Care Provider

The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge, or wilderness expedition (afloat or afoot) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue, and/or remote condition where readily available medical care cannot be assured.

Date of Exam \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_
Height \_\_\_\_\_ Weight \_\_\_\_\_ Normal \_\_\_\_\_ Normal \_\_\_\_\_
B.P. \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_\_ Glasses \_\_\_\_\_ Abnormal \_\_\_\_\_
Contacts \_\_\_\_\_

Check box, if normal; circle if abnormal and give details below:

- Growth, development Teeth, tonsils Genitourinary
Skin, glands, hair Respiratory Skeletomuscular
Head, neck, thyroid Cardiovascular Neuropsychiatric
Eyes, ears, nose Abdomen, hernia, rings Other (specify)

COMMENTS \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Approved for participation in:

- Hiking Water Activities
Competitive Sports All activities

Specify exceptions \_\_\_\_\_
\_\_\_\_\_

Recommendations (explain any restrictions OR limitations) \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Is medication information on Health Form up to date and current? YES NO
If no, please provide updated information. Attach a separate sheet if needed. \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_
Licensed Health-Care Practitioner

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_