



North Star Adventures: Medical History Form

The following information is confidential and will be viewed only by the program director and guide staff as needed.

Name: _____

Height: _____ Weight: _____ Sex: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Date of Birth: _____

In case of emergency contact:

Name: _____

Phone #: _____ Relationship: _____

Name: _____

Phone #: _____ Relationship: _____

Personal Physician:

Name: _____

Phone #: _____

Insurance: _____

Group/Policy#: _____

Do you currently have or have you had a history of any of the following:

_____ Allergies _____ Anxiety _____ Asthma/respiratory problems

_____ Cardiac problems _____ Diabetes _____ Dizziness/lightheadedness

_____ Epilepsy/Seizures _____ Joint problems _____ Knee, hip, or ankle injuries

_____ High/low Blood Pressure _____ Mobility Restrictions _____ Recent illness/surgery

_____ Shoulder, arm, or back _____ Stomach problems

_____ Utilization of any aids (ie. ADA service dog, wheel chair, crutches, hearing aids)



Please describe history for any of the conditions checked above including symptoms, date of last occurrence, current restriction, etc.

Current Medications: Please include prescription and over the counter

Do you have any dietary restrictions or needs?

My Signature below indicates that: I consent to this health history be shared with program director or guide staff, and the information on this form is correct and complete to the best of my knowledge. I further authorize medical treatment, hospital and emergency transportation for myself as deemed necessary by North Star Adventures. I recognize that the cost of the medical treatment, emergency transportation, and hospitalization may need to be covered by myself or by my insurance provider

Signature of participant: _____ Date: _____