

## Confidential Medical Questionnaire

Our adventure tours are intended for participants in reasonably good health for the sake of their safety and the safety of others. We require that you complete all questions fully and truthfully. The information you provide is important, and potentially critical, in the event of a medical emergency.

We reserve the right to decline to allow your participation on our tour or certain activities on the tour due to medical reasons. Canyon Calling Adventures for Women is neither a medical facility nor a medical provider and therefore has no responsibility regarding medical advice of any type, including inoculations or vaccines that you or your physician deem necessary for your safe participation.

Please note that Canyon Calling Adventures for Women respects the confidentiality of your medical information. Canyon Calling will keep this information confidential and will ***only use this information in the event of a medical emergency.***

Name: \_\_\_\_\_

Tour booked: \_\_\_\_\_

Dates of tour: \_\_\_\_\_ Vegetarian or Vegan? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### **Completely and truthfully answer all questions:**

**1. During the last 5 years, have you suffered any significant illness, been diagnosed with a medical condition, been hospitalized or required regular care by a doctor?**

Yes No (circle one)

If YES, please indicate reason:

\_\_\_\_\_

### **2. Have you ever had any of the following:**

a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems? Yes No

b) Asthma that effects my everyday activities and/or I use medication or an inhaler regularly. Yes No

c) High blood pressure, heart or respiratory problems, or rheumatic fever? Yes No

d) Gout or arthritis or any back, leg or foot problems? Yes No

- e) Gastric or duodenal ulcer, colitis or intestinal trouble? Yes No
- f) Epilepsy or seizures of any kind? Yes No
- g) Depression, anxiety or mental disorder? Yes No
- h) Kidney or bladder disease? Yes No
- i) Diabetes, cancer or tumor of any kind? Yes No

**3. Do you have any physical limitations, disabilities or prosthesis? Do you use a device for mobility assistance such as a cane or wheelchair?**

Yes No

If YES, please specify:

\_\_\_\_\_

**4. Do you take medication or drugs related to any medical condition? Yes No**

If YES, please specify:

\_\_\_\_\_

**5. Do you have any allergies, or reactions to any medication or drugs? Yes No**

If YES, please specify:

\_\_\_\_\_

**6. Are you pregnant? Yes No**

If YES, how many weeks/months pregnant will you be at the time of travel?

\_\_\_\_\_

**7. Do you have any dietary restrictions? If YES, please specify:**

Yes No \_\_\_\_\_

**8. Emergency Contact info: Name \_\_\_\_\_**

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Printed Name \_\_\_\_\_**

*Thank you for completing this form. It will be securely destroyed with your other confidential information after the trip is completed.*