

Medical Information for Whitewater Kayaking

Participant's name _____

Emergency contact person's name _____

Emergency contact telephone number(s) _____

Medical Information Please leave no spaces blank:

1. When was the learner's last complete physical examination? _____

2. Did the examiner specifically approve strenuous physical activities for the learner? _____

3. Did the examiner indicate any limitation at all on the learner's activities? _____
If so, please explain on reverse.

4. Has the learner ever had any of the following medical conditions?

a. Allergies _____

b. Asthma _____

c. Epilepsy, seizures, convulsions, other nervous system problems _____

d. Back/spinal problems _____

e. Shoulder dislocations, other dislocations _____

f. Diabetes _____

g. Heart problems, stroke, other blood circulation problems _____

h. Other illnesses, injuries, or other medical conditions _____

If the answer to any of the above questions is yes, please explain on reverse, and list all medications and dosages currently prescribed for the learner.

5. Are there any other possible conditions that might limit the learner's participation? _____
If so, please explain:

To the best of my knowledge, all of the above information is accurate and complete.

Signature of participant _____ Date _____
(parent or guardian sign if participant is under age 18)

Medical Insurance Company _____

Policy/Contract No. _____

Group No. _____