

T BAR M CHALLENGE COURSE PROGRAMS MEDICAL QUESTIONNAIRE

To be filled out by participant or parent/guardian if under 18:

Name of participant: _____ Sex: _____

Birthdate: __/__/_____

Home Address: _____

City: _____ State: _____ Zip: _____

In an emergency notify: _____ Phone: () _____

Relationship: _____

Participant Medical History

Health History: (Circle the appropriate response and describe any yes answers)

Have you had or do you currently have any heart problems?
i.e., strokes, heart attacks, and/or heart related diseases? YES NO

Do you frequently suffer from pains/pressure in your chest? YES NO

Do you often feel faint or have spells of severe dizziness? YES NO

Has a doctor ever told you that you have high blood pressure? YES NO

Are you a smoker? YES NO

(NOTE: If you have had any heart related problems you will need to have a release from a physician in order to participate in any camp activities.)

Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO

Have you had any operations, serious injuries or illnesses?
(dates) YES NO

Do you have any disabilities or communicable diseases? YES NO

Are you allergic to any medicines, insects or pollen? YES NO

Are you allergic to any foods? YES NO

Do you have Asthma? YES NO

Do you have Epilepsy? YES NO

Do you have Diabetes? YES NO

Do you have any prescribed meal plan or restrictions? YES NO

Are you currently sick and/or using a medication not listed above? YES NO

List any activities to be limited or prohibited

Suggestions or health related information for T Bar M Camps Personnel:

General Health Statement (How is your health today?)

Additional Information or Comments:

Are you covered under hospitalization insurance?

Carrier _____ Policy # _____

In the event that I am unable to grant permission, I do give permission to the physician selected by the group leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.

Participant Name: _____

Participant/Parent Guardian Signature: _____ Date: _____