

EarthWays

CONFIDENTIAL HEALTH QUESTIONNAIRE

(No answer to any of these questions will automatically disqualify you from any activity)

DATE: _____ EVENT: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

BIRTH DATE: _____

1. Do you wear a Medic-Alert Tag? Yes No
2. Have you ever had a heart attack of any kind? Yes No
3. Have you ever been told by a doctor that you have high blood pressure, a heart murmur, or heart disease? Yes No
4. Have you ever experienced a seizure of any kind? Yes No
5. Do you experience anaphylactic shock from bee stings or other insects? Yes No
6. Do you have allergic reactions to any environmental substances, foods or drugs? If yes, specify: Yes No

7. Do you have hemophilia? Yes No
8. Have you ever had a lung disease? Yes No
9. Do you have any muscular-skeletal disabilities, including, but not limited to; disabilities of the back, hips, knees, or ankles? If yes, specify: Yes No

10. If you walked on the level for a mile at an average pace would you get out of breath, have pains in the chest, develop muscle fatigue or have pains in your legs? Yes No
11. Are you taking ANY medication including allopathic, homeopathic, or herbal prescribed by a physician or health care practitioner at the present time? If yes, specify: Yes No

12. Do you have hypoglycemia or diabetes? _____ Yes No
13. Are there any reasons why you should not fast or live alone? If yes, specify: Yes No

14. If you are under the care of a physician or psychotherapist, would he/she disapprove of your entering this activity? (Please circle which one applies) Yes No

SIGNATURE: _____
(If under 18 years old, must be parent or guardian's signature)

FOR EMERGENCY USE:

Your doctor's name and phone number: _____

Medical Insurance Co. _____ Group/Policy No. _____

In case of emergency, notify: Name: _____ Phone: _____

Date of last tetanus shot: _____