

**OUTDOOR PURSUITS  
PARTICIPANT MEDICAL RECORD**

TRIP NAME & DATE(S): \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PLEASE READ CAREFULLY:**

Most of our programs are structured to accommodate various levels of participation based on medical constraints. Regardless of your physical condition we expect you to pay attention to your body and its physical limitations in choosing your level of participation. This medical record is confidential. The information you supply will be available to UNT Outdoor Pursuits trip leaders and emergency personnel. It is designed to give the trip leaders a better picture of who you are so that we can better prepare for, and serve, your individual needs. In the event of an injury this could be the most important information we have about your medical history so please be as thorough as possible. Thank you for your cooperation and full disclosure.

**PART 1: PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Affiliation: \_\_\_ Student \_\_\_ Faculty \_\_\_ Staff \_\_\_ Guest

ID#: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

How would you describe your swimming ability? \_\_\_\_\_

Do you wear glasses/contacts? \_\_\_\_\_

**PART 2: MEDICAL INFORMATION AND HISTORY**

**Basic Information:**

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Medical Insurance Information:**

Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please check one:

**Yes**, I have adequate medical insurance.

**No**, I do not have medical insurance. I willingly participate in this activity with the understanding that I am responsible for all expenses incurred if it is necessary for the trip leaders to seek medical, rescue or evacuation services for me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Allergies:** (including medicines, foods, bites, stings)

<u>Allergy</u>	<u>Reactions</u>	<u>Medication Required</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current Medication:**

<u>Medication</u>	<u>Condition</u>	<u>Dosage (amt./frequency)</u>	<u>Side Effects</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Health Profile:**

Yes	No	
_____	_____	Are you pregnant?
_____	_____	Do you have hypertension?
_____	_____	Do you have diabetes?
_____	_____	Do you smoke or use tobacco products?
_____	_____	Do you have any medical equipment (Pacemaker, Insulin Pump, etc)?
_____	_____	Have you had a seizure within the past year?
_____	_____	Have you had an emergency room visit within the past year?
_____	_____	Do you have any neck/back/shoulder/knee/ankle problems?
_____	_____	Have you been under the care of a mental health professional in the last two years?
_____	_____	Do you have a history of heart attacks?
_____	_____	Do you have any other cardiac conditions?

If you answered yes to any question please provide a detailed description including symptoms and restrictions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Exercise Activity:**

<u>Activity</u>	<u>Frequency</u>	<u>Approx. Time/Dist.</u>	<u>Intensity Level</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any pertinent medical history information that we may have missed or that we should know about?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any limitations on your activity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 3: EMERGENCY CONTACT INFORMATION**

Emergency contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_ Additional Phone#: \_\_\_\_\_

**PART 4: CONSENT TO HELP AND ACKNOWLEDGEMENT – SIGNATURE REQUIRED**

I \_\_\_\_\_ (participant name) hereby give UNT Outdoor Pursuits trip leaders and Emergency Personnel consent and permission to provide first aid and emergency medical treatment in the event I am injured during the trip. I am aware that this medical record will be kept in the first aid kit on the trip, and that UNT Outdoor Pursuits trip leaders will take precautions to keep this information confidential. I understand that many participants with a variety of medical/psychological difficulties can successfully complete adventure trips and that it is my responsibility to make the UNT Outdoor Pursuits staff aware of my medical history. I acknowledge and understand that failure to truthfully and accurately disclose the required information in this form could result in serious harm to my fellow participants and myself. I understand that should I be unable to participate physically in a program because of a pre-existing condition that was not indicated on this medical form that I might not receive a refund. I understand the rigorous nature of the trip. I understand that professional medical attention could be several hours or several days away. I understand that I will be held responsible for the cost of an evacuation if I require one. I understand the importance of this form and have answered all statements fully and truthfully. I understand that if I am at all uncertain about my ability to participate in this trip it is my obligation to consult my personal physician.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date