

UNGER MOUNTAIN @ MSD

PARTICIPATION HEALTH HISTORY

NAME _____ DATE _____

ADDRESS

INSURANCE COMPANY

PLEASE READ: This form is intended to remind leaders and participants of the seriousness of attempting participation on challenge course elements, climbing structures and/or participation in any adventure-based activity or game with an old, pre-existing injury, a heart condition or other known medical condition which might be aggravated by the event or cause harm to others.

QUESTION	RESPONSE		
1. Any pre-existing injuries (ankle, knee, back, neck, etc) that might be aggravated by participating?	YES	NO	
2. Taking any current medications?	YES	NO	
3. Any heart problems or heart medications?	YES	NO	
4. Do you have high blood pressure?	YES	NO	
5. Do you have allergies? (food, bees, insects, medications, etc.)	YES	NO	
6. Do you have any physical limitations?	YES	NO	
7. Current level of physical activity in daily life:	LOW	MEDIUM	HIGH

If you answered YES to any question above, please discuss that item with your group leader.

Please include any additional information that you feel is relevant:

SIGNED _____
IF A MINOR - Parent or Legal Guardian's Signature _____

In case of emergency who do we contact? _____ Relationship _____
Contact Number _____