

# VOYAGES MEDICAL INFORMATION

Name: \_\_\_\_\_ Voyage: \_\_\_\_\_ Date: \_\_\_\_\_

Male  Female

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

**This information will be used confidentially by Pacific Outback in order to make the trips as safe as possible and to prevent any potential problems. Thank you for your honesty and completeness in filling out this form.**

Insurance Co: \_\_\_\_\_ Policy number: \_\_\_\_\_

Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check yes or no for each condition listed here. Explain if necessary. Also, please describe below any fractures, joint injuries or surgery you may have had. Please list the approximate date of the injury or operation and your present degree of recovery.**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia
<input type="checkbox"/>	<input type="checkbox"/>	Knee injuries
<input type="checkbox"/>	<input type="checkbox"/>	Ankle injuries
<input type="checkbox"/>	<input type="checkbox"/>	Bone Fractures
<input type="checkbox"/>	<input type="checkbox"/>	Recent Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Other injuries

Yes No Chronic Illness or medical conditions (please explain below)

\_\_\_\_\_

Yes No Allergies to medicine (please explain below)

\_\_\_\_\_ Reaction: \_\_\_\_\_

Yes No Food Allergies (please explain)

\_\_\_\_\_ Reaction \_\_\_\_\_

Yes No Any other Allergies (please explain)

\_\_\_\_\_ Reaction \_\_\_\_\_

Yes No **Have you been hospitalized** or visited an emergency room in the past year? Please explain:

\_\_\_\_\_

Yes No Have you ever been stung by a bee? how long ago was it? What was your reaction?

**If any conditions were checked above please provide additional information on the back of form.**

### Participant information:

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Tetanus shot: \_\_\_\_\_

Swimming ability:  Can not swim  Can swim but difficult  Strong swimmer

Please list all medications you plan to bring on this trip. **(Our first aid kit does not contain medications like Aspirin or Ibuprofen. Please bring these with you if you feel you will need them.)**

<u>Medication</u>	<u>Illness/Condition</u>	<u>amount/frequency</u>
-------------------	--------------------------	-------------------------

### Dietary Restrictions:

### Emergency contact person:

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below you hereby acknowledge and agree that all information provided is correct and complete and you are giving Pacific Outback staff the authorization to treat you while on a program trip.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_