World Adventure Consultants

Health Questionaire

To be completed by each client and returned to the instructor at the start of the course.

Name:_____
(Surname) (Given Names) (Birthdate) (Age)

In the event of participants that are underage a parent or guardian must fill out this form.

Name of guardian_____

Relationship to client:_____

Address of Family Physician:_____

_____

_____

Postal Code:_____ Phone Number_____

Do you now or have you ever had health problems with any of the following:

Frequent colds	no	yes	Alcohol or drug use	no	yes
Poor hearing	no	yes	Indigestion, stomach ulcer	no	yes
Eye Trouble	no	yes	Recurrent diarrhea	no	yes
Frequent or severe headaches	no	yes	Tuberculosis	no	yes
Chest Pain	no	yes	Back Trouble or pain	no	yes
Asthma	no	yes	History of fits or seizures of any kind	no	yes
Diabetes	no	yes	Tendency to fainting or dizziness	no	yes
Nervous Breakdown	no	yes	Loss of consciousness	no	yes
Treatment of mental illness or emotional disorders	no	yes	Skin rash or irritation	no	yes
Heart disease, shortness of breath, palpitations	no	yes	Treatment of eczema or dermatitis	no	yes
Treatment of boils or skin infections	no	yes	Do you wear contact lenses?	no	yes
Ear infection	no	yes	Any present medical condition or symptoms?	no	yes
Hernia	no	yes	Kidney disease	no	yes
			Joint Injury (knee, shoulder)	no	yes

How much time have you missed in the last year due to illness or injury?_____

Are you taking any drugs or medication?_____

Any present medical conditions? Explain:_____

Do you have any allergies?_____ Allergic to:_____

List by approximate date any serious illness, injury, or surgery_____

COURSE:_____ DATE:_____

LOCATION:_____

I HERBY ACKNOWLEDGE THAT I AM OF PHYSICAL CONDIATION THAT WILL ALLOW ME TO PARTAKE IN THE AFORE MENTIONED COURSE. WHICH WILL INCLUDE STRENOUS WALKING THROUGH DEEP SNOW, DIGGING SNOW PITS AND PARTAKING IN RESCUE SENERIO'S

I CERTIFY THAT ALL STATEMENTS ON THIS QUESTIONAIRE ARE TRUE AND COMPLETE.

Signature of applicant_____ Date_____
(If applicants are underage, signature of parent or guardian)