

Confidential Medical Information for RCPT Outdoor Classes

PART I. GENERAL INFORMATION

Name _____

Date of Birth: ____/____/____ Height _____ Weight _____

Address: _____
Street City / State Zip

Phone # : (____) _____

Insurance Company _____ Policy # _____

Street Address _____ City/State/Zip _____

Does your insurance company require preauthorization? Y N If yes, Phone # (____) _____

PART II. MEDICAL HISTORY

Please check the appropriate column.

Have you ever had any of the following?

YES NO

_____ Allergies If yes please explain _____

_____ Diabetes

_____ Heart Disease or Cardiac conditions _____

_____ Epilepsy

_____ Asthma If yes, do you carry an inhaler? _____

_____ High Blood Pressure

_____ Back Problems

_____ Dislocations If yes, where? _____

_____ Do you get cold easily?

_____ Do you currently smoke?

_____ Are you a former smoker? When did you Quit? _____

_____ Do you have a history of heart problems?

_____ Are you pregnant?

_____ Are you currently under a doctor's care?

_____ For what reasons? _____

_____ Are you currently taking any medications?

_____ If yes what type? _____

_____ Have you ever had an allergic reaction to insect bites or stings?

_____ If so, do you carry medication? _____

_____ Are there any limitations on your physical activities?

_____ If so, what are they? _____

Any special dietary requirements? _____

Please list all drugs or foods you are allergic to: _____

PLEASE READ AND SIGN

I affirm that the confidential medical information that has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Radford University harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment that may become necessary.

PARTICIPANT'S SIGNATURE _____ DATE _____

Any additional information you think we should know, List on back: