

MEDICAL FORM (rev Oct 2003)

(Please print. This form will be kept confidential)

Outing: _____ **Today's Date:** _____

Name: _____

Address: _____

Phone: _____ **Email:** _____

Emergency Contact

Name: _____ **Relationship:** _____

Address: _____

Phone: _____ **Cell/Pager:** _____ **Email:** _____

Doctor's Name: _____

Clinic Name & Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Medical Insurance

Name: _____ **Group/Policy#:** _____

Address: _____

Phone: _____ **Fax:** _____

The following information is necessary before participation in this Mazama Outing. It is essential to have this information in case of illness or accident.

1. Do you have any medical problems, issues or limitations? No ____ Yes ____
If yes, please explain:

2. Has a medical professional seen you for a medical condition in the past 12 months?
No _____ Yes ____ List reason.

3. List your current prescriptions, natural, and over the counter medication-
(aspirin & etc.) that you are now taking: (drug name, dosage and frequency).

4. Have you taken any medication in the past 6 months that is not listed in part 3.
No _____ Yes ____ Please list.

5. Allergies to food, medications, or the environment? No ____ Yes ____ Please list.

6. Current immunizations? No ____ Yes ____ Please list with date:

The Outing leader will keep a copy of this during the outing in case it is needed.

Signed: _____ **Date:** _____