

HEALTH FORM

Disclosure: NCOAE programs involve a variety of activities including warm-ups, group initiative problems, and hands on application of medical training. Some programs may also include other rigorous physical adventure activities such as backpacking, climbing, surfing, paddling, swift water rescue, swimming, or hiking. These activities are designed to be within the limits of a person who is in reasonable good health. The level of participation in all programs and activities is at all times completely up to the individual. Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability. Each participant must have health/accident insurance coverage. The information requested on this form is intended to help alert staff to pre-existing medical conditions. Misinformation could result in an injury or may compound the severity of an injury. This information will be held in confidence. Please complete this form to complete your enrollment.

Name: _____ DOB: _____ Do you have health/medical insurance? No Yes

Name & Address of Company: _____

Do you have any limiting health disabilities - temporary or permanent - that you or your doctor feel would limit your participation in a NCOAE activity?	No Yes
Do you have any chronic or recurring injuries?	No Yes
Are you currently taking any medication?	No Yes
Do you have any allergies or reactions to any medications, foods, plants, or insects?	No Yes
Have you had surgery in the past year for any condition, which may limit your participation?	No Yes
Do you have asthma?	No Yes
Do you have diabetes?	No Yes
Are you pregnant?	No Yes
Dietary Restrictions?	No Yes

If yes to any of the above, please explain/describe: _____

Do you have or do you have a history of:

_____ High blood pressure _____ Currently on Medication for High Blood Pressure _____ Heart Palpitations

_____ Chest Pain or Pressure _____ Heart Attack _____ Heart Disease _____ Heart Murmur _____ Stroke

If yes to any of the above, please explain/describe: _____

Please list any other concerns or conditions that may affect your participation:

We strongly recommend that you consult your physician if you are pregnant or have checked off any of the conditions above before participation in NCOAE activities.

Emergency Contact Information

Person: _____ Relationship to you: _____

Address: _____

Phone Numbers: (Cell) _____ (Other) _____

Email: _____