

College of William & Mary

Tribe Adventure Program

Health History Form

College of William & Mary Tribe Adventure Program trips require varying levels of exertion from low to high. Some trips require extended climbing, hiking, paddling, swimming and other physically demanding exertion. Some trips take place in isolated areas without nearby medical facilities, medical providers, or means of readily contacting rescue or medical personnel. This form will be kept confidential. Its purpose is to provide Tribe Adventure Program with needed information to adequately care for participants during the program and in case of emergency.

General Information:

Name: _____ Date (today): _____
930/SSN: _____
Local Address: _____ Primary Phone: _____
Secondary Phone: _____
Email: _____ Date of Birth: _____
Sex/Gender: _____ Age: _____ Height: _____ Weight: _____

Contact Information

Physician: _____ Business Phone: _____
Dentist/Orthodontist: _____ Business Phone: _____
If you do not have a family physician or your physician is unavailable, may William & Mary appoint a physician to treat you? **Y** **N**

Emergency Notification: Relationship: Primary Phone: Secondary Phone:	Alternative Contact: Relationship: Primary Phone: Secondary Phone:
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Insurance

- Participants are responsible for medical expenses. Sickness and accident insurance is recommended.
- Do you have hospitalization or medical insurance? **Y** **N**
- Insurance Company: _____
- Name of policy holder: _____
- Policy Expiration Date: _____
- Policy #: _____
- Group #: _____

Swimming Ability

- If you are participating in a water-based program, please rate your swimming ability.
no ability some ability average ability good swimmer excellent swimmer

Medical History

1. Date of last Tetanus Booster: _____	2. List medications you are currently taking and for what reasons: 	
3. Please list allergies, your reactions to them, and required medication below.		
Allergies	Reaction	Medication
4. Please list conditions for which you have been hospitalized within the past year or for which you are currently undergoing treatment.		
Condition	Name & Location of Hospital	Treatment & Date

1. Heart attack, heart disease, heart palpitations, or heart murmur? Yes No
2. Chest pain or pressure? Yes No
3. Stroke? Yes No
4. High blood pressure? Yes No
5. Chronic cough, bronchitis or asthma, or coughing up of blood? Yes No
6. Smoker? Yes No
7. Dizziness, recurrent headaches, or change in level of consciousness? Yes No
8. Neurological problems? Yes No
9. Depression, anxiety, hysteria, or nervousness? Yes No
10. Diabetes, thyroid imbalance, or hypoglycemia? Yes No
11. Seizures? Yes No
 - a. Date of last seizure: _____
12. Bleeding or blood disorders? Yes No
13. Allergies (insects, stings, foods, meds, etc.)? Yes No
 - a. Have you ever had an allergic reaction? Yes No
 - b. Were you taken to the hospital? Yes No
 - c. Has your doctor prescribed an Epi-pen? Yes No
14. Muscle, joint, knee or back pain, bursitis, arthritis, or sciatica? Yes No
15. Impairment of sight, hearing, or speech? Yes No
16. Any dietary considerations? Yes No
17. Are you pregnant? Yes No
18. Chronic orthopedic issues or operations? Yes No
19. Other diseases or recent illnesses? Yes No

Please include detail about any medical information that you checked yes for or anything that may be relevant to your participation in this activity.

Authorization for Emergency Medical Care

1. I am aware of my past and present health and fitness for doing strenuous activity. I am able to participate in all program activities, except for those noted on this form by myself and/or my physician. Information about any and all prescription drugs that I am currently taking is noted on this form. I have completed this form to the best of my ability with full knowledge that any information withheld may increase the potential for serious injury or reinjury.
2. Should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the physician selected by Tribe Adventure Program to hospitalize and/or secure proper treatment for me, except as noted on this form.
3. College of William & Mary Campus Recreation and Tribe Adventure Program reserve the right to limit participation in its programs based on information submitted on this form.

Participant Signature: _____

Date: _____

If you are **under the age of 18**, you are required to obtain the signature of a parent or guardian.

Parent/Guardian Signature: _____

Date: _____

Lead Facilitator Signature: _____

Date: _____