

Maine Nature Hikes

Medical Information Form

This form provides information required for trip safety and addressing emergency situations. By requesting this medical history, we do not imply we have the expertise to assess your physical condition, or your ability to participate safely in a trip. **The determination of your ability to participate should be made by you and your physician if necessary.**

Maine Nature Hikes trips may involve strenuous exertion, which may aggravate pre-existing conditions. Many trips lead participants to remote wilderness settings where there is no easy, quick access to hospitals or doctors. Your trip may include exposure to inclement weather as well as a variety of other hazards associated with being outdoors. Although safety is a top priority and staff are trained to provide wilderness first aid in the event of an incident, **your participation in this Maine Nature Hikes trip indicates your acknowledgement and the assumption of inherent risk associated with being far from professional medical facilities.** If you have any questions please call or email us for further details.

Please fill out the form below fully and accurately, and include any additional information that you feel may be beneficial should an emergency arise. All forms are held in the strictest confidence.

Part One: Personal Information – please print neatly

Name _____

Address _____ City

_____ State _____ Zip _____ Phone _____ Age

_____ Gender ____ Height _____ Weight _____

Emergency Contact Name _____ Relationship to you _____ Phone

(H) _____ (W) _____ (C) _____ City

_____ State _____ Zip _____ Country (if not U.S.) _____

Part Two: Specific Medical History

A. Primary Cardiac and Medical Factors:

Do you currently have OR do you have any history of the following:

1. Heart attack or heart disease ___ Yes ___ No
2. Heart palpitations or heart murmur ___ Yes ___ No
3. Chest pain or pressure ___ Yes ___ No
4. Stroke ___ Yes ___ No
5. High blood pressure ___ Yes ___ No

Are you currently taking medication for high blood pressure? ___ Yes ___ No

If you answered "Yes" to any of the questions above or have any other cardiac conditions or concerns, please provide additional information below and discuss your participation in this trip with your physician.

B.

Additional Cardiac & Medical Factors:

Do you currently have OR do you have any history of the following:

1. Respiratory problems? ___ Yes ___ No
2. Asthma? ___ Yes ___ No Were you prescribed an inhaler? ___ Yes ___ No
3. Smoker? ___ Yes ___ No
4. Neurological problems? ___ Yes ___ No
5. Family history of cardiac disease? ___ Yes ___ No
6. Diabetes? ___ Yes ___ No (___ insulin dependent ___ non-insulin)
7. Seizures? ___ Yes ___ No Date of last seizure: _____

B. Additional Cardiac & Medical Factors Continued:

- 8. Bleeding or blood disorders? ___ Yes ___ No
- 9. Dizziness or fainting episodes? ___ Yes ___ No
- 10. Other diseases or recent illnesses? ___ Yes ___ No
- 11. Psychiatric condition? ___ Yes ___ No
- 12. 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
- 13. Past injuries/surgery/joint problems? ___ Yes ___ No
- 14. Do you wear glasses? ___ Yes ___ No
- 15. Do you wear contact lenses? ___ Yes ___ No (if yes, hard or soft? _____)
- 16. Any dietary considerations? ___ Yes ___ No
- 17. Are you on any current medications? ___ Yes ___ No
- 18. Obesity or sedentary lifestyle? ___ Yes ___ No (little or no exercise on a regular basis)
- 19. Are you pregnant? ___ Yes ___ No
- 20. Chronic orthopedic issues or operations? ___ Yes ___ No

If you answered "Yes" to any of the questions above, please describe below and discuss your participation with your physician.

Are there other medical conditions you have that you would like us to be aware of in case of an emergency?

D. Current Medications (include name of medication, reason for taking, dosage and what happens if you don't take your dose):

Important Notes: 1) If you take prescription medication, we advise you carry at least 2 separate quantities sufficient for the duration of your trip should one get lost or damaged. 2) If you have ever had a systemic reaction and or your doctor has prescribed you epinephrine, consult your physician about carrying 2 or more Epi-Pens and antihistamines.

Signature and acknowledgement

I have reviewed this entire form and verified I provided information fully and truthfully. To the best of my knowledge, I am capable of safely participating in a Maine Nature Hikes trip. In the event of an emergency, I grant permission for any treatment that may be necessary for my immediate well-being.

 Signature Participant's Name (printed clearly) Date _____ Participant's

 Guardian Signature Parent/Legal Guardian Name Date _____ Parent/Legal
 (If participant is under 18 years old) (Printed clearly)