

Medical Form



Instructions for Completing this Form

- Please complete and sign this form and return it to your trip leader within 30 days of registering for the trip.
 - Minor participants (those under 18 years old) must complete the form with a parent/legal guardian (collectively “parent”).
 - Please review the trip brochure, trip Essential Eligibility Criteria (EEC) and the Participant Responsibility and Information Form responsibilities and disclosure in conjunction with completing this form. It is critical that you provide honest, accurate and complete information. The Sierra Club requests this information to assist Leaders in understanding health issues, to consider potential modifications and for use during emergencies. This information may be shared with Sierra Club Leaders/other staff, medical professionals or others, as necessary, to address participant’s health and medical issues. Otherwise this information will remain confidential.
- Use a separate sheet if needed.

General Information

Trip number:

Address:

Full name:

City:

State:

ZIP:

Age:

Date of birth:

Mobile phone: ()

I identify my gender as:

Home phone: ()

Height:

Weight:

Primary Emergency Contact:

Blood pressure:

/

Relationship:

Resting heart rate:

bpm

Phone: ()

Travel and Medical Insurance

We strongly encourage you to have travel and medical insurance and to bring your insurance card or other documentation with you on the trip.

Travel Insurance

Medical Insurance

Company name:

Company name:

Policy number/coverage amount:

Policy number:

Contact phone number: ()

Contact phone number: ()

Allergies

Include allergies to food, insect bites and stings, medicines, animals, and the environment (dust, pollen, etc). Use a separate sheet if needed.

Select if no allergies

Allergy	Reaction	Medication required (e.g. epipen, antihistamine)	Is your allergy serious or life-threatening? How so?
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Medications

Please list all prescriptions, over the counter, natural medications, medical marijuana and inhalers you are currently taking. Include prescription medications taken for episodic or emergency use. Note if this is a recent change in dosage or prescription. Use a separate sheet if needed.

Select if no medications

Medication name	Dosage	Frequency	Current side effects	Reason for taking (symptom/condition)
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General Medical History

Please complete the following medical history questions. If answering YES, use the box provided or a separate sheet to explain history in more detail and note if the medical condition has been a problem in the past 12 months. Do you currently have, or have you had a history of:

Asthma or other respiratory issues: **Yes** **No**

Sleep apnea: **Yes** **No**

Do you use a Continuous Positive Airway Pressure (CPAP) machine? **Yes** **No**

Diabetes (type 1 or 2):	Yes	No
Gastrointestinal issues:	Yes	No
Cardiac issues or hypertension:	Yes	No
Neurological issues:	Yes	No
Seizures:	Yes	No
Memory issues:	Yes	No
Vision or other eye issues:	Yes	No
Hearing issues:	Yes	No
Bone, joint, muscle issues:	Yes	No
Any procedure, surgery, or replacement of a joint, muscle tendon, or bone:	Yes	No
Head trauma, traumatic brain injury:	Yes	No
Do you smoke or use tobacco?	Yes	No
Do you smoke or use marijuana?	Yes	No
Do you drink alcohol?	Yes	No
Have you been diagnosed or are you seeking treatment for anxiety, depression, substance abuse, or other mental health issues?	Yes	No
Are you pregnant?	Yes	No
Have you had any serious illness in the past 6 months?	Yes	No
Have you had surgery or been hospitalized in the last year?	Yes	No
Have you ever had problems related to exposure to altitude?	Yes	No

Are there any other conditions or limitations (mental, emotional, or physical) that may affect your participation on this trip? If yes, please explain.

Yes

No

What is your swimming ability in deep water (5 feet or more)? Consider your ability, comfort level and physical condition.

Competent

Poor

Non-swimmer

Have you had a tetanus shot within the last 10 years?

Yes

No

Date of most recent physical:

Medical provider's name:

Address:

Phone: ()

Participant (and Parent of a Minor Participant), please sign and date below:

I certify that the information provided above is true, complete, and accurate. Other than any limitations described in this form, or any other information I have provided, I agree I (or my child) can participate in all trip activities. I agree to contact the Sierra Club promptly to provide additional information if my (or my child's) medical or health condition changes before the start of or during the trip. I acknowledge that falsifying or providing inaccurate or incomplete medical information can create serious risks to me or my child or to others and may result in dismissal from the trip. I reaffirm the Participant Responsibilities agreed to in my Participant Responsibilities and Information Form. I understand my (or my child's) final acceptance in the trip is contingent upon Sierra Club leader receipt and review of all required forms and information.

Trip name and dates:

Participant signature:

Print name:

Date:

Parent or Legal Guardian signature
(if participant is a minor):

Print name:

Date: