UNLV | CAMPUS REC SERVICES OUTDOOR ADVENTURES

Health History Form For 2018-2019 School Year

This Health History Form is confidential and is only used by staff (and potentially health care professionals in the event of an emergency) to make your experience as safe and enjoyable as possible. Therefore, please read it carefully and complete it fully and accurately. We recommend that you consult your physician if you have any questions about whether or not you should participate in an outdoor activity. Any information provided on this form will not constitute an automatic dismissal, though some conditions may require a physician's approval for participation.

We will keep this information on file for the 2018-2019 school year so that you only have to fill it out once. However, if anything changes on your Health History Form during the year, please let us know so that we can update your information.

Participant Information *nothing should be left blank – put N/A if not applicable

Participant Name________________________________Date of Birth_________________________________

Sex ☐Male ☐Female ☐Transgender ☐Non-binary ☐Prefer not to answer

Height ___________________Weight ___________________(lbs)

Shoe Size (only for trips with snowshoes or climbing):__________________________

Address_______________________________________City __________________________ State _________________

Phone Number______________________________Email____________________________________

Two contacts in Case of Emergency (This should be someone who is not participating on the trip as well)

Local person contact: Name____

Phone ______________________________Relation to you____________________________________

Family member contact: Name____

Phone ______________________________Relation to you____________________________________

Current Medications

Please list any and all prescription medications, over the counter medications, and/or drugs you are currently taking:

Check here if None or N/A: ☐

Medication	Taken for (Symptom/Condition)	Dosage	Date Started	Current Side Effects

Allergies

Check here if None or N/A: ☐

Allergy	Reaction	Medication Required (if any)

If you listed an allergy, how sensitive are you to being around that substance? (Ex: Nut allergy – cannot be in same room as nuts or am only allergic if ingested) ____

Please list any dietary restrictions (Ex: vegetarian): ____

Do you have any physical or mental disabilities?

☐Yes ☐No If yes, please describe:____

Have you ever been advised by a medical professional to stop or not be in an exercise program for any reason?

☐Yes ☐No If yes, please describe:____

#	**Check yes or no- if yes, describe below**	**Y**	**N**	**#**	**Check yes or no- if yes, describe below**	**Y**	**N**
1	Seizure within the past year	☐	☐	**8**	Currently pregnant	☐	☐
2	Hospitalization/Emergency Room/Urgent Care within the past year	☐	☐	**9**	Has a doctor ever told you only to participate in physical activity recommended by a doctor?	☐	☐
3	Asthma (if yes, please bring inhaler)	☐	☐	**10**	Smoke	☐	☐
4	Unexplained chest pain/pressure, shortness of breath, rapid heartbeat, sweats, or exertion dizziness or faint spells	☐	☐	**11**	Psychological or emotional conditions?	☐	☐
5	Other cardiac conditions, e.g. heart murmur or rhythm abnormality	☐	☐	**12**	Ever had a cold injury (e.g. frostbite, sensitivity to cold)	☐	☐
6	Diabetes or pre-diabetes (if yes, please explain how it is controlled)	☐	☐	**13**	Ever had a heat injury (e.g. heat stroke or heat exhaustion)	☐	☐
7	Current neck, back, shoulder, knee, ankle, or other joint pain	☐	☐	**14**	Other medical issues, illnesses, symptoms, past injuries, or surgery	☐	☐
#____ Describe:							
#____ Describe:							

Is there any other issue that you feel may affect your ability to safely participate on this trip or that we should be aware of?____

Please rate your own level of personal fitness on a scale of 1 (low) to 10 (high):

Example: 1 = You have difficulty walking a mile; 7 = You can hike up to 8 miles a day carrying a heavy pack with reasonable breaks; 10 = You competitively compete in triathlons and rank highly.

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*

Please circle your swimming ability.

Non-swimmer **Poor** **Fair** **Good** **Very Good**

Signature

I certify that all statements on this form are true and complete to the best of my knowledge. I understand that failure to disclose information could result in serious harm to me or other participants.

____

Participant's Signature **Date**