Western Carolina University Base Camp Cullowhee
Health and Medical Form

Outing Title: ___________________ Outing Date: ____________

<table>
<thead>
<tr>
<th>PARTICIPANT CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST NAME</td>
</tr>
<tr>
<td>CELL PHONE #</td>
</tr>
<tr>
<td>ADDRESS</td>
</tr>
<tr>
<td>BIRTH DATE</td>
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<table>
<thead>
<tr>
<th>NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY</th>
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<tbody>
<tr>
<td>EMERGENCY CONTACT PHONE #</td>
</tr>
</tbody>
</table>

| HEALTH INSURANCE PROVIDER | POLICY NUMBER |

**HEALTH STATEMENT (PLEASE ANSWER ALL QUESTIONS)**

This outing involves participation in outdoor activities, which are, by their nature, physically demanding. Therefore, all participants must indicate any medical or physical conditions that might create special considerations for themselves and others. Furthermore, medical care may be many hours away in case of an emergency. Physical strength is not required; although being in good condition will increase your enjoyment of the outing activities. If there is any doubt about your ability to safely participate in the outing activities, you should consult your physician and then notify Base Camp Cullowhee as to advice and recommendations.

**Current Health Status:** Please indicate if you have any medical conditions or physical disabilities that could interfere with or limit your participation in the trip. If you are unsure, explain the trip to your physician and ask his/her advice. If you answer yes to any question below, please specify in detail below, indicating the item number. All information is kept strictly confidential.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Detailed Description (include restrictions, if any)</th>
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<tbody>
<tr>
<td>1. Hearing or vision problems (do not include wearing contacts or glasses)</td>
<td>□ Yes □ No</td>
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<tr>
<td>2. Respiratory problems (Ex. Asthma)</td>
<td>□ Yes □ No</td>
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<tr>
<td>3. Back problems</td>
<td>□ Yes □ No</td>
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<tr>
<td>4. Joint problems (knees, ankles, hips, etc.)</td>
<td>□ Yes □ No</td>
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<tr>
<td>5. Serious illness or hospitalization in the last year</td>
<td>□ Yes □ No</td>
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<td>6. Surgeries in the last six months</td>
<td>□ Yes □ No</td>
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<tr>
<td>7. Heart problems or high blood pressure</td>
<td>□ Yes □ No</td>
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<tr>
<td>8. Serious reaction to high or low temperatures</td>
<td>□ Yes □ No</td>
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<td>9. Frequent muscle cramps</td>
<td>□ Yes □ No</td>
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<td>10. High or low blood sugar</td>
<td>□ Yes □ No</td>
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<td>11. Seizure disorders</td>
<td>□ Yes □ No</td>
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<td>12. Anemia, bleeding tendencies or traits</td>
<td>□ Yes □ No</td>
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<td>13. Psychological or emotional problems</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>14. Are you currently pregnant</td>
<td>□ Yes □ No</td>
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What other physical conditions or restrictions do you have which may limit your participation in this activity? ________________________________________________________________

Page 1 – Flip Over
HEALTH STATEMENT CONTINUED (PLEASE ANSWER ALL QUESTIONS)

**Allergies:** Indicate any allergies you have (medications, foods, plants, etc.), allergic reactions and any medications required.

<table>
<thead>
<tr>
<th>Allergies:</th>
<th>Reactions:</th>
<th>Medication required (if any):</th>
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<tbody>
<tr>
<td>(Check if applicable, write in others)</td>
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<tr>
<td>Insect Stings (bees, wasps, etc.)</td>
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<tr>
<td>☐ Yes</td>
<td></td>
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<tr>
<td>Iodine or shellfish allergy</td>
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<td>☐ Yes</td>
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**Medications:** Please indicate any medications you are currently taking (other than allergy medications), for what condition, and whether you will take it during the trip. *If you need to take medication during the trip, be sure you have ample supply.*

<table>
<thead>
<tr>
<th>Medication</th>
<th>Condition</th>
<th>Do you need during the trip?</th>
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**Swimming Ability:** (Please check one.)  ☐ Good Swimmer  ☐ Can Swim  ☐ Non-Swimmer

**Food Preferences & Dietary Restrictions:** (vegetarian, kosher, lactose intolerant, etc., please indicate specific dietary needs)

<table>
<thead>
<tr>
<th>DIETARY RESTRICTIONS</th>
<th>FOOD ALLERGIES (PLEASE LIST)</th>
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<tbody>
<tr>
<td>☐ VEGETARIAN (eggs &amp; cheese okay!)</td>
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<tr>
<td>☐ VEGAN (no animal products, thanks!)</td>
<td></td>
</tr>
<tr>
<td>☐ OTHER INFORMATION:</td>
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</tbody>
</table>

I understand the nature of the physical demands of this activity. I have noted about any medical or physical conditions I have which might affect my participation. I therefore release any and all claims for damages against Western Carolina University, and all individuals instructing and conducting these activities, for any and all injuries, loss or damage suffered by me during, or in any way connected with these activities.

**PARTICIPANT SIGNATURE**

**DATE:**

**PARENT OR GUARDIAN SIGNATURE IF PARTICIPANT IS UNDER 18**

**DATE:**

*******************************************************************************

This health and medical form is confidential and is used only by Base Camp Cullowhee staff for screening purposes in an attempt to make your experiences as safe and enjoyable as possible.