

## Health Questionaire

o be completed by each client and returne	ed to the instructor at th	e start of the course.	
Jame:			
(Surname)	(Given Names)	(Birthdate)	(Age)
n the event of participants that are underag guardian must fill out this form.	ge a parent or	Address of Family Physician:	
fame of guardian			
elationship to client:			
		Postal Code: Phone Number	
o you now or have you ever had health pr	roblems with any of the	e following:	
requent colds	□ no □ yes	Alcohol or drug use	□ no □ yes
oor hearing	$\square$ no $\square$ yes	Indigestion, stomach ulcer	$\square$ no $\square$ yes
ve Trouble	□ no □ yes	Recurrent diarrhea	□ no □ yes
equent or severe headaches	□ no □ yes	Tuberculosis	□ no □ yes
nest Pain	$\square$ no $\square$ yes	Back Trouble or pain	□ no □ yes
sthma	•	History of fits or seizures of any kind	•
abetes	□ no □ yes	Tendency to fainting or dizziness	□ no □ yes
ervous Breakdown	□ no □ yes	Loss of consciousness	□ no □ yes
eatment of mental illness or emotional	$\square$ no $\square$ yes	Skin rash or irritation	$\square$ no $\square$ yes
Disorders	$\square$ no $\square$ yes	Treatment of eczema or dermatitis	$\square$ no $\square$ yes
eart disease, shortness of breath,		Do you wear contact lenses?	$\square$ no $\square$ yes
Palpitations	$\square$ no $\square$ yes	Any present medical condition or	□ no □ yes
eatment of boils or skin infections	□ no □ yes	Symptoms?	□ no □ yes
ar infection	$\square$ no $\square$ yes	Kidney disease	□ no □ yes
ernia	□ no □ yes	Joint Injury (knee, shoulder)	$\square$ no $\square$ yes
How much time have you missed in the 1	ast year due to illness c	or injury?	
	-		
Are you taking any drugs or medication?			
Any present medical conditions? Explain	:		
Do you have any allergies?	Allergic to:		
List by approximate date any serious illne	ess, injury, or surgery_		
COURSE:	DATE:		
LOCATION:		_	
I HERBY ACKNOWLEDGE THAT I A	M OF PHYSICAL CO CH WILL INCLUDE T	NDITION THAT WILL ALLOW ME TO P TRAVELING IN WILDERNESS CONDITION	ARTAKE IN THE
I CERTIFY THAT ALL STATEMENTS	ON THIS QUESTION	NAIRE ARE TRUE AND COMPLETE.	
Signature of applicant		Date	
(If applicants are u	inderage, signature of p	parent or guardian)	