IN STEP ADVENTURES
GUIDED TREKS & EXCURSIONS

+1 506 721-1771
hello@instepadventures.ca

MEDICAL FORM

Full Name:

Sex: ☐ Male ☐ Female ☐ Other Date of Birth:

DD/MM/YY

Address:

Street Address

Town | Province | Postal Code

Provincial Health Care Number:

Additional Policies:

Emergency Contacts:

1. Name | Phone 1
   Relationship | Phone 2
2. Name | Phone 1
   Relationship | Phone 2

Medical Information:

Do you have any **physical limitations or medical conditions** that might prevent you from participating in activities requiring sustained physical effort, sitting/walking/hiking on uneven surfaces, or sitting in a kayak for any length of time? ☐ Yes ☐ No

If **yes**, please explain:

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Do you have any history of the following:

☐ Allergy ☐ Asthma ☐ Joint Problems ☐ Epilepsy

☐ Heart Conditions ☐ Diabetes ☐ Hypoglycemia ☐ Dislocations

Do you have any other conditions? ☐ Yes ☐ No

If YES to 'OTHER' OR 'ALLERGY' please detail, including food allergies:

Condition / Allergy

Last Incident:

Reaction:

Other helpful information:

Note: If more than one allergy or condition, or more room is needed, please use the form on the following page.

Do you take any medications? ☐ Yes ☐ No Please specify:

Time taken: ☐ Morning ☐ Mid-day ☐ Evening

Effect and Side Effects of medication:

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Other Conditions / Allergies

Condition / Allergy
Last Incident:
Reaction:
Other helpful information:

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