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

Email:

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:

Condition / Allergy

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Condition / Allergy

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Condition / Allergy

Last Incident:

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Other helpful information: