

## M E D I C A L   F O R M

Full Name:

Sex:                      Male              Female              Other                      Date of Birth:  
Age Range:            18-24            25-34            35-44            44-54            55-64            65+

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:

# IN STEP ADVENTURES

GUIDED TREKS & EXCURSIONS

+1 506 721-1771  
hello@instepadventures.ca

**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:**

Food Allergy / Restrictions:      Gluten-Free      Vegetarian      Vegan      Lactose-Free      Nuts  
Other:

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:**

## Other Conditions / Allergies

Condition / Allergy

Last Incident:

Reaction:

Other helpful information:

Condition / Allergy

Last Incident:

Reaction:

Other helpful information:

Condition / Allergy

Last Incident:

Reaction:

Other helpful information:

Condition / Allergy

Last Incident:

Reaction:

Other helpful information: