



Please complete this form and return it to your leader within 30 days.

We ask for this information so that our staff will know in advance of special medical conditions you may have, rather than learning about them in a crisis. Also, in the event of serious injury or illness, this form provides emergency medical personnel with a useful medical history. After reviewing this form, the leader may contact you to discuss whether the trip will be safe and enjoyable for you considering your medical history.

We will keep the information on this form confidential. It will be seen only by staff, medical personnel, or others who know and understand its confidential nature. The form will be retained along with your liability waiver for a period of time following the trip, after which it will be destroyed. If you choose not to go on the trip, this form will be destroyed immediately.

General Information

Name: _____		Sierra Club Mem #: _____		Gender: ___ Male ___ Female	
Address: _____					
City: _____		State: _____		Zip: _____	
Home: (_____)		Work: (_____)			
E-mail address: _____				Date of Birth: _____	

Height: _____		Weight: _____		Blood Pressure: _____	
Resting Pulse: _____					

Emergency Contact: _____ Relationship: _____

Home: (_____) Work: (_____) Cell: (_____)

If the above person is unavailable, please notify: _____ Relationship: _____

Home: (_____) Work: (_____) Cell: (_____)

Medical Insurance Information

We strongly encourage you to have medical and evacuation insurance and to bring your insurance card or other documentation with you on the trip.

Company Name: _____ Policy Number: _____

Contact Phone Number (if applicable): _____

Allergies

Include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.).

NONE

Allergy	Reaction	Medication Required (if any)

Medical History

Please list all prescription, over-the-counter, and natural medications you are taking. *Use a separate sheet if necessary.*

Medication Name	Dosage	Frequency	Side Effects (known & potential)	Reason for Taking

- Recent illness? _____
- Accidents, operations, hospitalizations? _____
- Recent exposure to infectious diseases? _____
- Do you have asthma? ___ Yes ___ No *If yes, please list any medications above.*
- Do you have diabetes? ___ Yes ___ No *If yes, please list any medications above.*
- Do you have a history of high blood pressure? ___ Yes ___ No *If yes, please explain on a separate sheet.*
- Do you have any problems with your eyes or vision? ___ Yes ___ No *If you wear prescription glasses or contacts, we recommend bringing a spare set.*
- Do you have any problems with your hearing? ___ Yes ___ No *If yes, please explain.*
- Are you pregnant? ___ Yes ___ No
- Do you have any bone, joint, or muscle problems? ___ Yes ___ No *If yes, please explain on a separate sheet.*
- Have you ever had a seizure? ___ Yes ___ No *If yes, please explain on a separate sheet.*
- Have you ever experienced altitude problems? ___ Yes ___ No *If yes, please explain on a separate sheet.*
- Do you have any other medical issues that might affect your participation in this trip? ___ Yes ___ No *If yes, please explain:* _____

- The outing may require vigorous activity, extended climbing and hiking, and other physically and mentally demanding exertion in isolated areas without medical facilities, medical providers, or means of contacting rescue or medical personnel. Please state below all physical or mental limitations and restrictions of which you are aware: *If you have no such limitations, please initial here:* _____

- **Tetanus:** It is strongly advised that you are inoculated against this fatal disease and you obtain a booster within every 10 years. The date of your most recent tetanus inoculation or booster: _____ / _____ / _____

Physical Examination

Date of most recent physical: _____ / _____ / _____ Physician's name: _____
 Address: _____ Phone Number: _____
 Physician's signature (if required): _____

⚡ Please notify your trip leader immediately if any information on this form changes. ⚡

Trip Name: _____	Trip Dates: _____
Signature (required): _____	Date: _____ / _____ / _____