

Medical Form



APPALACHIAN MOUNTAIN
LEADERSHIP

PARTICIPANT NAME _____

AGE _____

Male or Female (circle one)

Address _____

City _____ State _____ Zip _____

IN CASE OF EMERGENCY, CALL:

NAME _____ Relationship _____

Day Phone _____ Night Phone _____

Cellular Phone _____

Doctor's Name _____ Doctor's Phone _____

Insurance Co. _____

Insurance ID# _____

We/I give our/my consent to Appalachian Mountain Leadership to authorize emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery and the administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such medical treatment is necessary for the mental or physical health of the participant and we/I cannot be reached within a reasonable time to obtain our consent to treatment. We/I either have appropriate insurance or, in its absence, agree to pay all the costs of rescue and/or medical services as may be incurred on my/our behalf.

Participant Signature _____ Date _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE,
A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

Parent Signature _____ Date _____

Medical History:

Have you had, or do you currently have:
(Circle Yes or No)

1. Heart Problems YES NO
2. Allergies (Bees, Drugs, etc.) YES NO
3. Low or high blood pressure YES NO
4. Dizziness, recurrent headaches, fainting YES NO
5. Diabetes YES NO
6. Lung problems or asthma (carry inhaler?) YES NO
7. Back problems YES NO

8. Any known phobias YES NO
9. Any known diseases or illness. YES NO
10. Drugs or medications being taken YES NO
11. Severe abdominal or menstrual pain YES NO
12. Emotional impairment or disability YES NO
13. Epilepsy or convulsions YES NO
14. Recent sprains, fractures, or dislocations YES NO

*Are you currently pregnant? YES NO

Blood Type _____ Date of last

Physical Exam _____

DO YOU KNOW OF ANY HEALTH PROBLEMS OR CONDITIONS YOU HAVE THAT WOULD PREVENT YOU FROM PARTICIPATING IN OUR PROGRAMS? YES NO

Immunizations:

Tetanus YES NO UNKNOWN Date: _____ Hepatitis A YES NO UNKNOWN Date: _____

MMB YES NO UNKNOWN Date: _____ Hepatitis B YES NO UNKNOWN

Are there any food allergies that we need to be aware of? YES or NO

Please elaborate on any "Yes" responses from above _____
