



**SIERRA CLUB
OUTINGS**

**Dallas Sierra Club Outings
Medical Form**

Please complete this form and return it promptly to your trip leader.

We ask for this information so that our leaders 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 leaders, 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

First Name: _____		Last Name: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Address: _____					
City: _____		State: _____		Zip: _____	
Home Phone: _____		Work Phone: _____		Cell Phone: _____	
E-mail address: _____			Date of Birth: _____		
Height: _____	Weight: _____	Blood Pressure: _____	Resting Pulse: _____		

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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)

Continued on next page . . .

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: _____

- This 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: _____ Print Name: _____
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