



## Confidential Health Questionnaire

\_\_\_\_\_  
**Name:**

\_\_\_\_\_  
**Address:**

(       )       -  
 \_\_\_\_\_

**Emergency Phone Contact**

The following questions are designed to provide our guides with as much information regarding your health and wellness as possible to support a safe experience for all.

### General Fitness

1) If you were to walk on level ground for a mile at an average pace, would you experience any shortness of breath, chest pains, develop muscle fatigue, or have any pains in your legs?

Yes \_\_\_\_ No \_\_\_\_

2) Do you have any physical challenges that would make moderate exercise difficult or impossible?

Yes \_\_\_\_ No \_\_\_\_

If yes, please specify:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3) Do you have any disabilities of the back, hips, knees or ankles?

Yes \_\_\_\_ No \_\_\_\_

4) Do you wear a Medic-Alert Tag?

Yes \_\_\_\_ No \_\_\_\_

5) Are there any reasons why you should not fast?

Yes \_\_\_\_ No \_\_\_\_

### General Background

1) Do you have hypoglycemia?

Yes \_\_\_\_ No \_\_\_\_

2) Do you experience allergic reactions to any foods, drugs, or environmental substances?

Yes \_\_\_\_ No \_\_\_\_

If yes, please specify:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3) Do you have asthma?

Yes \_\_\_\_ No \_\_\_\_



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4) Do you experience anaphylactic shock from bee stings?

Yes \_\_\_\_ No \_\_\_\_

5) Do you have any heart problems diagnosed by a physician?

High Blood Pressure? Yes \_\_\_\_ No \_\_\_\_

Low Blood Pressure? Yes \_\_\_\_ No \_\_\_\_

Heart Murmur? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Do you have hemophilia?

Yes \_\_\_\_ No \_\_\_\_

7) Have you ever had lung disease?

Yes \_\_\_\_ No \_\_\_\_

8) Have you ever experienced a seizure of any kind?

Yes \_\_\_\_ No \_\_\_\_

9) Have you ever had psychological or psychiatric treatment?

Yes \_\_\_\_ No \_\_\_\_

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Are you currently experiencing any health or emotional imbalances that would interfere with this activity?

Yes \_\_\_\_ No \_\_\_\_

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

Participant Signature

Legal Guardian Signature (if applicable)