



Confidential Health Questionnaire

Name:

Address:

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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)