Trip destination _____

Trip dates ____/____/____ to ____/____/____

Team ID number _____

Medical Form

Name: _____ Age: _____

Emergency Contact:_____ Phone: _____

Please answer the following questions. All information is confidential and will only be used in the event of a medical emergency. If you have an extenuating health condition, a care plan will be created with you and VisionTrust's Health Director.

1. Are you currently being treated for any medical condition? ☐ Yes ☐ No
   a. If yes, please explain: _____
   _____
2. Are you currently taking any medications? ☐ Yes ☐ No
   a. If yes, please list: _____
3. Have you ever had any psychiatric care or treatment? ☐ Yes ☐ No
   a. If yes, please explain: _____
   _____
4. How would you describe your health and fitness?
   ☐ Excellent ☐ Good ☐ Average ☐ Below Average
5. Do you have any of the following conditions?
   - ☐ Allergies Explain: _____
   - ☐ Allergies to Medications Explain: _____
   - ☐ Asthma Explain: _____
   - ☐ Blood Disorder Explain: _____
   - ☐ Heart Disease Explain: _____
   - ☐ Depression Explain: _____
   - ☐ Mental Illness Explain: _____
   - ☐ Migraine Headaches Explain: _____
   - ☐ Pulmonary Condition Explain: _____
   - ☐ Seizures Explain: _____
   - ☐ Fainting Spells Explain: _____
   - ☐ Eating Disorder Explain: _____
   - ☐ Other Condition Not Listed Explain: _____
6. Are you under any doctor's restrictions regarding how much you can walk, lift or carry?
   ☐ Yes ☐ No Explain: _____
7. Do you wear glasses and/or contact lenses? ☐ Yes ☐ No
8. If you know, what is your blood type? _____
9. Check all the following that you have been immunized against:
   - ☐ Tetanus/Diphtheria within the past: ☐ 5 years ☐ 10 years
   - ☐ Typhoid ☐ Hepatitis A. ☐ Hepatitis B ☐ Other: _____
10. Other Health Notes: _____

_____

_____