



Challenge Course Health History Questionnaire

First Name: _____ Last Name: _____ Age: _____

To remind participants of the seriousness of attempting adventure activities with a pre-existing medical condition; please read the following questions carefully and answer each one honestly. This form will remain confidential and the Office of Recreation, Challenge staff reserve the right to refuse participation

YES NO Do you have any pre-existing medical conditions?
If yes, please explain: _____

YES NO Are you currently taking any medication or prescription drugs?
Please list the medication and its purpose: _____

YES NO Have you had a major surgery or illness within the last 6 months?
Please explain: _____

YES NO Do you have any allergies (food, bees, insects, or medicines)?
If so, please explain: _____

YES NO Do you have a disability that may prohibit you from completing the challenge course?
If so, please explain: _____

YES NO Do you have a heart condition?

YES NO Has a physician ever told you or are you aware that you have high blood pressure?

YES NO Are you pregnant?

YES NO Do you have epilepsy?

YES NO Do you carry an inhaler?

YES NO Do you foresee any problems participating in the upcoming Challenge activity do to a lack of physical exercise?

YES NO Do you feel any pressure or coercion from an employer or others to participate?

Describe your current level of physical activity: _____

In case of emergency, contact: _____ Phone: _____

Participant-please read and sign

I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that a Challenge by Choice® atmosphere exists at all times, and I should not feel pressured to participate.

Signature

Date