



Due to the unpredictable nature of outdoor activities and because they can be strenuous and can require more exertion than most participants are used to, Mountain Link, LLC. requests the following medical information. This information will allow our guides to be aware of any potential problems. The information is also crucial in the event of an accident when we need to be aware of any special physical or medical needs of our clients.

Name _____ Age _____ Height _____ Weight _____

Trip name and date _____

Please check if any of the following apply to you:

- Allergies Explain _____
- Heart Disease Explain _____
- High Blood Pressure Explain _____
- Diabetes..... Explain _____
- Asthma..... Explain _____
- Epilepsy..... Explain _____
- Cerebral or pulmonary edema Explain _____
- Frostbite..... Explain _____
- Dislocations..... Explain _____
- Knee Problems..... Explain _____
- Back Problems..... Explain _____
- Taking medication..... Explain _____
- Allergic to medication Explain _____
- Allergic to insect bites..... Explain _____
- Currently under a physician's care Explain _____
- Any health limitations on your activities Explain _____
- Do you smoke? Y / N
- Any health conditions that might affect your performance on this trip? Explain _____

Signature _____ Date _____