

Health Questionnaire Form



Team Coordinator please share any needed information with the Site Coordinator so they can accommodate your teams needs.

Team Member Name: _____

Team Name: _____

Team Leader Name: _____

Please place a check mark beside any of the health conditions that you may have at the present time or have had in the past. It is important that your team leader be aware of any medical problems that may arise while on the trip. Please use the comment space below to add any existing conditions that may not be listed.

HEART

- ☐ Heart Surgeries
- ☐ Bypasses
- ☐ Pacemaker
- ☐ High blood pressure
- ☐ Heart Medications

(List below in comment section)

DIET

- ☐ Diabetes
- ☐ Prescribed Insulin
- ☐ Hypoglycemia
- ☐ Diet Restrictions

LUNGS

- ☐ Asthma
- ☐ Emphysema
- ☐ High Altitudes *(Struggles with or concerns with)*

OTHER

- ☐ Allergies *(List below in comment section)*
- ☐ Phobias *(Heights, crowds, etc.)*
- ☐ Epilepsy *(Or any other seizure condition)*
- ☐ Anxiety
- ☐ Depression
- ☐ Dementia *(Or any other memory issues)*

MEDICATIONS:

(Please list all current medications and dosages)

COMMENTS:

(Please list any food allergies)