



MEDICAL QUESTIONNAIRE

MED-EN (11-2009)

MEDICAL SELF-ASSESSMENT

LAST NAME	FIRST NAME
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- A. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor? YES NO
- B. Do you feel pain in your chest when you do physical activity? YES NO
- C. In the past month, have you had chest pain when you were not doing physical activity? YES NO
- D. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
- E. Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity? YES NO
- F. Is your doctor currently prescribing drugs (for example water pills) for your blood or heart condition? YES NO
- G. Do you know of any other reason why you should not do any physical activity? YES NO

If you answered "YES" to one or more questions, we must request that you consult with a physician prior to engaging in a Wilderness Expedition, Adventure, or Course (See Below).

SIGNATURE	DATE (YYYY/MM/DD)
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PHYSICIAN ASSESSMENT *(Only required if you answered "YES" to one or more questions above)*

The above participant wishes to take part in wilderness activities, which may include various strenuous activities in remote areas, including but not limited to, hiking, trekking, backpacking, backcountry camping and potential exposure to the elements. Your opinion of this participant's physical fitness for participating in such activities is therefore requested.

- I find no medical condition incompatible with the above activities. I am unable to recommend this participant for the above activities.

PHYSICIAN NAME	PHYSICIAN SIGNATURE	DATE	
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
TELEPHONE	FAX		

Notes

Wild treks Panamá
BarueXpedition