

# Paddlers' Realm

## CONFIDENTIAL HEALTH QUESTIONNAIRE

*Sea Kayaking is a vigorous activity. In order to participate, you must be physically fit and in good health. Your respiratory and circulatory systems must be in good order. You should not participate in any activity with our company if you have heart trouble or problematic breathing. You are not necessarily disqualified from participating if you answer "yes" below; instead, we are simply trying to stay informed of any preexisting condition that may affect your safety while out on the water. Your responses should be considered confidential, and we will only use the information to assess your fitness to participate or engage in any first aid or safety related treatment. You should seek the advice of a physician if you are currently taking any medication or otherwise seeing a physician. You are further advised to seek medical clearance from your physician prior to participating in the activity if you answer "yes" to any of the below.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

Do you wear a medic-alert tag? yes    no  
If so, for what condition(s)? \_\_\_\_\_

Do you have an allergic reaction to any drugs, foods, insects, and other substances? yes    no  
If so, describe? \_\_\_\_\_

Are you hypoglycemic? yes    no

Are you diabetic? yes    no

Have you ever had a heart attack or other heart condition? yes    no

Do you have high blood pressure? yes    no

Do you have any other blood disorders? yes    no

Have you ever had lung disease or notable breathing problems? yes    no

Have you had significant back, hip, shoulder, knee, or ankle problems? yes    no

Do you fatigue easily when you walk for one mile at an average pace or otherwise feel pain in your limbs? yes    no

Are you presently taking any prescription medication? yes    no

Are you presently under the care of a physician? yes    no  
If so, for what condition (s)? \_\_\_\_\_

Is there anything else we should know about your physical or emotional condition that would affect your participation in our activity? If so, describe below: yes    no

***In case of an emergency, please notify:***

Name \_\_\_\_\_

Telephone Numbers (day) \_\_\_\_\_ (eve) \_\_\_\_\_