



# ASU Outdoor Programs Medical Form

**Today's Date:**  
\_\_\_\_\_

**Outing Date & Title:** \_\_\_\_\_

PARTICIPANT CONTACT INFORMATION		
LAST NAME	FIRST NAME	
LOCAL PHONE #	ASU BOX	ASU EMAIL
LOCAL ADDRESS		
BIRTH DATE	HEIGHT	WEIGHT
NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY		
EMERGENCY CONTACT PHONE #		

HEALTH STATEMENT (PLEASE ANSWER ALL QUESTIONS)
<p style="text-align: center;">This outing involves participation in outdoor activities, which are, by their nature, physically demanding. Therefore, all participants must indicate any medical or physical conditions that might create special considerations for themselves and others. Furthermore, medical care may be many hours away in case of an emergency. Physical strength is not required; although being in good condition will increase your enjoyment of the outing activities. If there is any doubt about your ability to safely participate in the outing activities, you should consult your physician and then notify Outdoor Programs as to advice and recommendations.</p>
<p>What physical conditions or restrictions do you have which may limit your participation in this activity?</p>
<p>Are you taking any medications? If so, what type?</p>
<p>Do you have any allergies/reactions to the following?      <input type="checkbox"/> Yes (Please indicate below)      <input type="checkbox"/> No</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Dust                      <input type="checkbox"/> Other Medication                      <input type="checkbox"/> Food: _____  <input type="checkbox"/> Penicillin                  <input type="checkbox"/> Insects (bees, etc.)                      <input type="checkbox"/> Others: _____                 </p> <p>Please describe any additional allergies/reactions to medications that we should know about:</p>
<p>Water-based Programs: (Please check one.)      <input type="checkbox"/> Good Swimmer      <input type="checkbox"/> Can Swim      <input type="checkbox"/> Non-Swimmer</p>
<p>I understand the nature of the physical demands of this activity. I have noted about any medical or physical conditions I have which might affect my participation. I therefore release any and all claims for damages against Appalachian State University, and all individuals instructing and conducting these activities, for any and all injuries, loss or damage suffered by me during, or in any way connected with these activities.</p>
<p>PARTICIPANT SIGNATURE _____ DATE: _____</p>

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*This medical form is confidential and is used only by Outdoor Programs staff for screening purposes in an attempt to make your experiences as safe and enjoyable as possible.*