

**Hobart and William Smith College's
Pre-Orientation Adventure Program
Medical Form**

Name: _____ DOB _____

Cell Phone: () _____ Home Phone: () _____

Address at Home: _____

City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Age (at time of trip, 8/19/2011) : _____

Insurance Company and phone number: _____

Policy Number: _____

Emergency Contact Person: _____

Preferred Contact Number: () _____

Alternate Contact Number: () _____

Relationship to Participant: _____

1. Do you have any medical conditions that may limit participation in the Pre Orientation Adventure Program? YES ___ NO ___

Please explain if YES:

2. Are you currently under a doctor's care or need to take any prescription medications? YES ___ NO ___

Please explain if YES:

3. Please check any item that applies to you:

a. Cardiac Problems	YES ___ NO ___
b. Smoker	YES ___ NO ___
c. Obesity	YES ___ NO ___
d. High Blood Pressure	YES ___ NO ___
e. Diabetes	YES ___ NO ___
f. Hypo/Hyperglycemia	YES ___ NO ___
g. General Sedentary Lifestyle	YES ___ NO ___
h. Asthma	YES ___ NO ___
i. Other Respiratory Problems	YES ___ NO ___

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|--|----------------|
| j. Neurological Problems | YES ___ NO ___ |
| k. Psychological Disorder | YES ___ NO ___ |
| l. Epilepsy/Seizures | YES ___ NO ___ |
| m. Blood Disorders | YES ___ NO ___ |
| n. Allergies to Medicine | YES ___ NO ___ |
| o. Vision Problems/Treatment | YES ___ NO ___ |
| p. Dietary Problems/Considerations | YES ___ NO ___ |
| q. Fainting | YES ___ NO ___ |
| r. Broken Bones/Joint Injuries | YES ___ NO ___ |
| s. Allergic to Beestings (or other pertinent
outdoor allergies) | YES ___ NO ___ |

If you answered YES to any of the above questions please describe your condition and if any extra medical preparation needs to be taken into account before the trip. Additionally if there are other conditions we should be aware of or in case of emergency, please explain below:

Please have your doctor review the above information and provide the following:

Do you feel that person is in good physical condition to participate in a four day hiking adventure?

YES ___ NO ___

Do you feel participation is appropriate in the PreOrientation Adventure Program?

YES ___ NO ___

Are there any qualifications or other information you would like us to know regarding this applicant?
