

## Guest/Participant Medical History Form

Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Emergency Contact \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Although physical activity is the goal for most of BMG undertakings, it should not pose any harm to most people. This form is intended to meet regulatory mandates from federal, state, and local authorities to identify any individuals who may require further evaluation by a healthcare practitioner prior to engaging in activity.

Do you have: heart problems\_\_\_\_ breathing problems\_\_\_\_ dizziness\_\_\_\_  
high blood pressure\_\_\_\_ cough\_\_\_\_ fever\_\_\_\_ psychiatric problems\_\_\_\_  
bone/joint problems\_\_\_\_ colds or flu-like symptoms\_\_\_\_ bleeding problems\_\_\_\_  
are you currently pregnant\_\_\_\_ surgery in the past month\_\_\_\_  
any recent contact with ill/infirm/infected people\_\_\_\_

Do you have any pre-existing injuries or conditions that could be aggravated by this activity? If yes, please specify \_\_\_\_\_  
\_\_\_\_\_

Current medications: \_\_\_\_\_

Are you allergic to any medications? \_\_\_\_\_

Allergies like food or environmental- \_\_\_\_\_

If yes do you carry and epi-pen? \_\_\_\_\_

Please include any information you think would be good to know by Beverly Mountain Guides / Strike Rescue should you need medical attention during your outing or \_\_\_\_\_  
\_\_\_\_\_

Participant Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

If under the age of 18:

Signature of Parent or Guardian: \_\_\_\_\_

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

