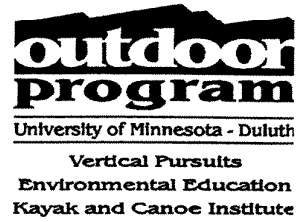


CONFIDENTIAL HEALTH FORM
FOR UMD OUTDOOR PROGRAM



Outdoor Program
121 SpHC, attn. Beth
10 University Drive
Duluth, MN 55812-2496
(218) 726-6533 (M-F 9am-3pm)

This form is essential for your safety and enjoyment of the trip. Please take time to fill out completely, accurately, and return promptly.

Course Name: _____ Course Date(s): _____

NAME: _____ Sex: _____ Date of Birth: _____

ADDRESS: _____
Street City State Zip

PHONE: Home (_____) _____ Work (_____) _____

In case of emergency, notify: _____

Relationship: _____ Phone: (_____) _____

Family Doctor: _____ Phone: (_____) _____

Health Insurance Company: _____ Policy #: _____

(If applicable) Auto Insurance Co.: _____ Policy #: _____

MEDICAL HISTORY

Are you allergic to any of the following? (check if "yes")

_____ Insects	_____ Aspirin
_____ Penicillin	_____
_____ Other medication (please name type)	_____ Food (please name type)
_____	_____

Clothing:

_____ Wool	_____ Cold
_____ Down	_____ Other allergies (please list)
_____ Other fabric	_____

If yes to any of the above, please describe your allergic reaction and how you treat it:

Do you have a history of (check if "yes"):

Raynaud's Syndrome _____
frostbite _____
hypothermia _____
poor circulation _____
abnormal blood pressure _____
seizures _____
diabetes _____
dizziness _____
migraines _____
eyestrain (light sensitive) _____
past surgery _____

Asthma: cold induced _____
exercise induced _____
snowblindness _____
back problems _____
knee or other joint problems _____
toothaches _____
stomach problems _____
bronchitis _____
arthritis _____
periods of unconsciousness _____

If yes to any of the above, have you been treated ? Explain. _____

Are you still on medication ? _____ Explain: _____
Have you taken or do you presently take any medication on a regular basis? If yes, describe:

Do you have any sight or hearing problems? Please describe: _____

Do you use a corrective brace or device ? _____
Is there anything which we should know about you ? (Phobias, special sensitivities, etc.)

Do you require a special diet ? If yes, please explain: _____

I have answered the above questions accurately and completely.

I believe that I am in good physical condition and that I can participate fully in trip activities.

The staff of the UMD Outdoor Program has permission to seek and/or administer emergency care for the participant in the event that the participant or guardian cannot respond at the time of emergency.

Date: _____ Signature of participant: _____

Date: _____ Signature of parent/guardian: _____
(if participant is under age 18)