

**Northern Kentucky University**  
Outdoor Adventure Program – Health Information Form

Please fill out every item below as accurately and truthfully as possible. Provide details for any significant conditions, injuries and/or illnesses that may affect your ability to participate in NKU Outdoor Adventure Program activities. This form is the property of NKU Outdoor Adventure Program and will remain confidential to the fullest extent permitted by laws of the Commonwealth of Kentucky. Only the instructors and medical personnel will have access to this information.

Name _____ Last                    First                    MI Address _____ _____ Email _____  In case of emergency, please contact: Name _____ Address _____ _____	Home Phone _____ Social Security # _____ Sex: Male Female Date of Birth _____ Height _____ Weight _____  Relationship _____ Home Phone _____ Work Phone _____
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***Please Note: NKU Outdoor Adventure Program requires all participants to have medical insurance.***  
 Medical Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_

Health Questionnaire

	Circle One
	Yes No
1. Are you currently under any treatment for any illness or condition? Describe _____	Yes No
2. Do you have a condition requiring regular medication? Describe _____	Yes No
3. Are you currently taking medication(s)? If yes, you are expected to have them with you during the program. (Explain what each is for) List Medications: _____ _____	Yes No
4. Has a physician told you to limit your activity for any reason? Describe _____	Yes No
5. Have you been diagnosed with asthma? Do you carry an inhaler or other breathing device?	Yes No Yes No
6. Do you have a known allergy to any food products, medications, or insect stings? Have you ever had an allergic anaphylactic reaction? Do you carry Epinephrine? Yes* No What type? Epi Pen* Ana Kit*	Yes No Yes No Yes No
<b>* You are expected to have your epinephrine with you during the program.</b>	
7. Do you have disabilities that could impact your participation in the program	Yes No

8. Have you ever had any injuries including back, spine, head, broken bones, sprains, dislocations, soft tissue injuries? Yes No  
 List year and injury \_\_\_\_\_  
 \_\_\_\_\_
9. Do you have a known heart condition and/or high blood pressure? Yes No  
 List any medications you are taking for this: \_\_\_\_\_  
 \_\_\_\_\_
10. Have you ever undergone surgery? Yes No  
 List and Describe \_\_\_\_\_  
 \_\_\_\_\_
11. Describe your swimming ability \_\_\_\_\_
12. Date of last Tetanus shot \_\_\_\_\_

**Authorization for Emergency Medical Care**

Should an accident or emergency occur, I hereby give permission to the physician selected by Northern Kentucky University Outdoor Adventure Program staff to hospitalize and/or secure proper medical treatment for me, except as noted below. I agree to assume personal responsibility for these noted exceptions.

**EXCEPTION FOR TREATMENT / HOSPITALIZATION**

**Medical Release**

I certify that the information provided above is a complete and accurate statement of the physical and psychological factors which may affect my participation in a Northern Kentucky University Outdoor Adventure Program activity. Furthermore, I believe that I am in good health. If in doubt, I will seek and follow medical advice.

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Signature

Date

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Name (please print)

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Signature of Parent or Guardian (if under 18)

Date