STEP OUTDOORS
ESTD 2010

a limited liability company

www.StepOutdoorsAdventures.com

~ Health Form ~

Updated November 13, 2020

Participant Information

Name	
Address	
Phone Number	
Date of Birth	
Occupation	

Emergency Contact Information

Emergency Contact	**Contact Person**	
	Relationship	
	Contact Number	
Physician Information	**Physician Name**	
	Contact Number	
Health Insurance Provider	**Insurance Provider**	
	Contact Number	
	****attach a copy of your health insurance card**	
Advanced Directives	**Do you have an Advanced Directive in the event of a catastrophic life-threatening injury?** ◯ **Yes** ◯ **No**	
	Who has a copy of this directive?	

3152 Gore Rd., Derby, VT 05829
970.946.5001
Info@StepOutdoorsAdventures.com

Health Concerns and History

Medical Problems or Concerns	**List any medical problems or concerns; include any muscle or skeletal injuries.**
Medications	**List any medications, dosage, frequency and purpose of medication.**
Allergies	**List any allergies and reaction, if known.**
General Medical History	**Do you currently have, or have a history of?** **Describe any "yes" response in the space provided below.**

Respiratory problems? Asthma?	◯ **Yes** ◯ **No**
Cardiac problems?	◯ **Yes** ◯ **No**
Diabetes?	◯ **Yes** ◯ **No**
Hypertension?	◯ **Yes** ◯ **No**
Bleeding or blood disorders?	◯ **Yes** ◯ **No**
Hepatitis or other liver disease?	◯ **Yes** ◯ **No**
Neurological problems? Epilepsy?	◯ **Yes** ◯ **No**
Seizures?	◯ **Yes** ◯ **No**
Dizziness or fainting episodes?	◯ **Yes** ◯ **No**
Depression or psychological disorders?	◯ **Yes** ◯ **No**
Are you pregnant?	◯ **Yes** ◯ **No**
Do you see a medical or physical specialist of any kind?	◯ **Yes** ◯ **No**
Date of Last Tetanus Shot?	

The information provided in this form is a complete and accurate statement of any physical and psychological conditions that may affect my participation in any Step Outdoors, LLC offerings. I realize that failure to disclose such information could result in serious harm to myself and my fellow participants. I agree to inform Step Outdoors, LLC should there be any change in my health status prior to the start date of any offering.

Based on this information, and what I know or suspect about my physical and psychological health, I am fully capable of participating in the Step Outdoors, LLC offering I have registered.

_____ _____

Signature Date

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