

SOUTHERN ADVENTIST UNIVERSITY HEALTH STATEMENT FORM

The proposed activity provided by Southern Adventist University requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart-related or other diseases. All participants must be free of medical or physical conditions which might create undue risks to themselves or any others in the group who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should consult a physician. (NOTE: If you have had any heart-related problems, you will need to have a release form from a physician in order to participate in the activity or activities.)

Name _____ Date of Birth _____ Gender _____
 Address _____ Age _____
 City, State, Zip _____
 Emergency Contact (EC) _____ Relationship _____
 EC Address _____ EC Home Phone _____
 EC City, State, Zip _____ EC Other Phone _____

HEALTH HISTORY (Please mark an x to the left of the appropriate answer.)

Have you had or do you currently have any heart problems?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you frequently suffer from pains in your chest?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you often feel faint or have spells of dizziness?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has a doctor ever told you that you have high blood pressure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have arthritis, joint, or back problems that are aggravated by exercise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you had any operations or serious injuries?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any physical disabilities or chronic recurring illness?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have epilepsy or other seizure disorder?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have diabetes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have allergic reactions?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, please list all allergies _____

Are you currently sick and/or using medication? Yes No
 If yes, please list _____

Do you have any prescribed meal plan or dietary restrictions? Yes No
 If yes, please describe _____

Are there any activities to be limited/discouraged by physicians' advice? Yes No
 If yes, please explain _____

Additional medical information _____

Do you carry health insurance? Yes No
 Carrier _____ Policy # _____

Suggestions or health-related information for Southern Adventist University personnel _____

General health statement poor fair good excellent

Representation and Emergency Authorization

I have completed this health history honestly and completely, and I believe my health is satisfactory to participate in challenge, ropes, or other activities.

I hereby give permission to the medical personnel selected by Southern Adventist University to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but is not limited to, charges incurred for the providing of aid and arranging evacuation if Southern Adventist University or its agents determine that such evacuation is necessary and desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and or any medical care, and I acknowledge any restrictions placed on my activities.

Signature of Participant _____ Date _____
 Witness _____ Date _____