

Weber State University, Outdoor Program  
Medical Questionnaire and Disclosure Agreement

In consideration of my participation in \_\_\_\_\_ (hereafter referred to as "activity") with Weber State University Outdoor Program (hereafter, "OP"), I offer the following information on my current medical condition:

Participant Information

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Policy, Contract, and/or Group Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contact Information

Full Name of Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

The following description of conditions are designed to help you determine if you are physically and mentally fit to participate in Weber State University's Outdoor Program, in consultation with your physician. In addition, you should review all the risks of the specific activity in which you desire to engage and consult your physician. Responses are voluntary. Disclosure may assist the Outdoor Program in the event of an emergency but you acknowledge and affirm your responsibility, together with your physician, to determine if you are in a condition to participate in Outdoor Program activities. You agree that you are ultimately responsible for that decision.

Do you have a history of or currently have any of the following? Check appropriate boxes below:

- 1  F  <  H  V Heart attack, heart disease, heart palpitations/murmur
- 1  F  <  H  V Hypertension
- 1  F  <  H  V Chest pain/pressure, angina
- 1  F  <  H  V Stroke
- 1  F  <  H  V Smoking
- 1  F  <  H  V Diabetes
- 1  F  <  H  V Epilepsy, seizures, or neurologic concerns
- 1  F  <  H  V Mental health concerns
- 1  F  <  H  V Gastrointestinal concerns
- 1  F  <  H  V Genitourinary concerns
- 1  F  <  H  V Asthma or other respiratory concerns
- 1  F  <  H  V Musculoskeletal injury
- 1  F  <  H  V Infectious disease or bloodborne pathogen
- 1  F  <  H  V Dietary restrictions
- 1  F  <  H  V Allergies (insects, foods, drugs)
- 1  F  <  H  V Frostbite, cold injury, or Raynaud's Syndrome
- 1  F  Yes  Heat illness

- ' 1 F ' < H V Altitude illness
- ' 1 F ' < H V Pregnancy
- ' 1 F ' < H V