

**VENTURE OUT TRIPS
PARTICIPANT MEDICAL HISTORY INFORMATION**

Participant's Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Name of Personal Physician: _____ Physician Phone #: _____

Health Insurance Company: _____

Health Insurance Phone #: _____ Policy #: _____

Please list any special diet considerations: _____

Please list any physical limitations and/or medical conditions that you should inform the Trip Leaders of including, but not limited to, pregnancy, major medical conditions, and spine or cerebral injuries:

Please list any prescription medications that you are currently taking:

Please list any allergies to drugs, chemicals, dusts, foods, animals or pollens:

Please describe condition/treatment where possible below:

1. Are you currently under treatment for any illness or condition? YES _____ NO _____

If yes, Describe: _____

2. Have you ever had an allergic reaction to insect stings? YES _____ NO _____

If yes, Describe your reaction (i.e. local, systemic, or anaphylactic:

3. Do you carry epinephrine? *YES _____ NO _____

* You are required to have these with you during Venture Out activities

4. Describe your swimming ability/comfort in water without a personal floatation device (PFD) on a scale of 0-3: # _____

0: cannot swim 1: can float 2: basic paddle/strokes 3: proficient swimmer/very comfortable

Emergency Contact: _____ Relation: _____

Address: _____ Phone: _____

Have you been on a Venture Out Trip prior to this one? YES _____ NO _____

If yes, which Trip(s): _____ When: _____

CARDIAC RISK FACTORS

NOTE: Research has demonstrated that adventure activities can raise heart and respiration rates in any participant and the persons with heart and respiratory problems histories can be placed at extreme risk. Individuals with 3 or more cardiac risk factors may be at risk.

1. Do you exercise less than once a week? YES ____ NO ____
2. Do you (or anyone in your genetic family) have a history of heart problems? (I.e. high cholesterol, heart murmur, elevated blood pressure, heart attack, surgery, etc.) YES ____ NO ____
If yes, Describe: _____
3. Do you get squeezing tightness or pressure in your chest during exercise? YES ____ NO ____
If yes, Describe: _____
4. Do you use tobacco in any form? (cigarettes, snuff, etc.) YES ____ NO ____
5. Do you have 3 or more of the following Cardiac Risk Factors? YES ____ NO ____

List any other health concerns you feel that the Venture Out staff should be aware of before you participate in our activities:

The information provided above is complete and accurate statement of the physical and psychological factors which may affect my participation during a Venture Out activity.
I believe that I am in good health and affirm that my participation in Venture Out activities will in way aggravate any present condition. If in doubt, I will seek and follow medical.
I realize that failure to disclose information could result in serious harm, to me and other participants. I agree to hold harmless Venture Out and Virginia Polytechnic Institute and State University from liability, claim, or expense resulting directly or indirectly from my failure to disclose relevant information. This information will be kept confidential except as needed in an emergency.
I hereby consent to first aid treatment and evacuation, and to treatment, anesthesia, and/or operations in a medical facility should that become necessary in the event of a medical emergency while a participant in and relation to Venture Out activities. In case of treatment, I consent to the release of medical records and accident report forms to insurance companies, my employer (if at Venture Out as a part of the accompany sponsored program), or agencies deemed appropriate by Venture Out.

Participant's Signature (Parent or Guardian Signature if under 18)

Date

FOR OFFICE USE ONLY

Initial Review: _____ on _____

Reviewed by: _____ on _____

Updated by: _____ on _____

Comments: _____



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