

## CONFIDENTIAL HEALTH QUESTIONNAIRE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Phone Contact:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The following questions are designed to provide our guides with as much information regarding your health and wellness as possible to support a safe experience for all.

### General Fitness

1) If you were to walk on level ground for a mile at an average pace, would you experience any shortness of breath, chest pains, develop muscle fatigue, or have any pains in your legs?

Yes\_\_\_\_\_ No\_\_\_\_\_

2) Do you have any physical challenges that would make moderate exercise difficult or impossible?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please  
specify: \_\_\_\_\_

\_\_\_\_\_

3) Do you have any disabilities of the back, hips, knees or ankles?

Yes\_\_\_\_\_ No\_\_\_\_\_

4) Do you wear a Medic-Alert Tag?

Yes\_\_\_\_\_ No\_\_\_\_\_

5) Are there any reasons why you should not fast? Yes\_\_\_\_\_ No\_\_\_\_\_

General Background

1) Do you have hypoglycemia? Yes\_\_\_\_\_ No\_\_\_\_\_

2) Do you experience allergic reactions to any foods, drugs, or environmental substances?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please

specify:\_\_\_\_\_

—

3) Do you have asthma? Yes\_\_\_\_\_ No\_\_\_\_\_

4) Do you experience anaphylactic shock from bee stings?

Yes\_\_\_\_\_ No\_\_\_\_\_

5) Do you have any heart problems diagnosed by a physician?

High Blood Pressure? Yes\_\_\_\_\_ No\_\_\_\_\_

Low Blood Pressure? Yes\_\_\_\_\_ No\_\_\_\_\_

Heart Murmur? Yes\_\_\_\_\_ No\_\_\_\_\_ Other\_\_\_\_\_

If other, please

specify:\_\_\_\_\_

\_\_\_\_\_

6) Do you have hemophilia? Yes\_\_\_\_\_ No\_\_\_\_\_

7) Have you ever had lung disease? Yes\_\_\_\_\_ No\_\_\_\_\_

8) Have you ever experienced a seizure of any kind? Yes\_\_\_\_\_ No\_\_\_\_\_

9) Have you ever had psychological or psychiatric treatment?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please  
specify:\_\_\_\_\_

\_\_\_\_\_

—

10) Are you currently experiencing any health or emotional imbalances that would  
interfere with this activity?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please  
specify:\_\_\_\_\_

\_\_\_\_\_

—

\_\_\_\_\_

—

Dated this\_\_\_\_\_ day of\_\_\_\_\_, \_\_\_\_\_(year)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Legal Guardian Signature (if applicable)