



# Medical Information Form

Please use this form to record your medical information before you leave on your adventure on the Alabama Scenic River Trail.

If you are attending one of the Trail's Paddle Alabama events, you will be required to submit this information upon registration. This information will assist any

personnel who may be required to respond to an emergency on your trip. Remember, you may be out of the reach of communications for long periods.

## Please print clearly and keep waterproof!

Name ..... Date ..... Height.....  
Weight..... Sex ..... Age ..... Birthday .....

### General Physical Condition

- Have daily aerobic exercise routine; do not get winded walking up 3 flights of stairs
- Participate in active sports
- Irregular exercise routine;slightly winded after 3 flights of stairs, participate in active sports
- No regular exercise program; winded after 3 flights of stairs
- No regular exercise (medical problems)

### Do you have any of the following?

Fear of heights? .....Details .....

History of Heart Problems? ..... Details .....

History of Diabetes?..... Details .....

History of Seizures? ..... Details .....

History of Infectious Diseases? ..... Details .....

High Blood Pressure?..... Details/Last Reading/Date .....

Previous injury or ailment that may give you trouble occasionally?  
.....

### Other medical problems

*Please list any allergies and whether your reactions are severe or moderate*

Medicines.....  
Bees.....  
Insects.....  
Foods.....  
Plants.....  
Other.....

### List any medications taken on a regular basis

.....  
.....  
What condition does the medication(s) treat?.....  
.....  
Any dietary restrictions?.....  
Are you pregnant? ..... If so, how long? .....

Doctor's Name/Number .....

Name & Number of emergency contact person .....

Insurance Company Name .....

Policy number.....