

# 360 Guiding Medical Questionnaire

Please ensure every member of your group submits this form.

## Contact Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/province: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

Country: \_\_\_\_\_

Are you responsible for your group?

Yes [ ] No [ ] Not sure [ ] Number of participants including yourself: \_\_\_\_\_

## Medical Information

Emergency Contact Person: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Your doctor/hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical insurance provider: \_\_\_\_\_ ID Number: \_\_\_\_\_

Your age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you have allergies? Yes [ ] No [ ] Not sure [ ]

If yes, allergic to what? (Foods, Medications, Bees, etc. – Please be specific)

Do you carry an EPI-Pen? Yes [ ] No [ ]

If yes, what is the Epi-Pen for?

Do you carry an asthma inhaler? Yes [ ] No [ ]

If yes, it's for what type of asthma, and when was your last attack?

Do you take or carry any other medications? Yes [ ] No [ ]

If yes, what other med(s) and for what?

Please describe any dietary restrictions: None [ ]

Please describe any exercise-induced illnesses or loss of consciousness: None [ ]

Please describe any past heat or cold injuries: None [ ]

Comments, requests or special needs: None [ ]

What is your fitness level? Not very fit [ ] Somewhat fit [ ] Moderately fit [ ] Very fit [ ]

Desired activity level: Very Relaxed [ ] Relaxed [ ] Moderate [ ] Vigorous [ ] Extreme [ ]

May we share photos of you during your activity on social media, our website, advertising, and/or in our literature?

Yes [ ] No [ ] Yes, but with restrictions [ ] Restrictions: \_\_\_\_\_

Signature here (full name) (if participant is Under 18, parent or guardian must sign instead):

X \_\_\_\_\_ Date of signature: \_\_\_\_\_

If participant is Under 18, please enter parent or guardian name, again:

Print: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_