

HALL TOWNSHIP: Echo Bluff

Hall Township: Echo Bluff
108 Wolfer Industrial Park
Spring Valley, Illinois 61362
815-4472115/ HALL TOWNSHIP@comcast.net

PARTICIPANT HEALTH HISTORY FORM

NAME _____ DATE _____

ADDRESS _____

INSURANCE COMPANY: _____

PLEASE READ: This form is intended to remind leaders and participants of the seriousness of attempting adventure activities with an old, preexisting injury, a heart condition or other condition which might be aggravated by the event.

QUESTION

1. Any preexisting injuries (ankle, knee, back, neck, etc.) that might be aggravated by the event?
YES NO

2. Taking any current medications?
YES NO

3. Any heart problems or heart medications?
YES NO

4. Do you have high blood pressure
YES NO

5. Do you have allergies (food, bees, insects, medications, etc.)
YES NO

6. Do you have any physical limitations?
YES NO

Current level of activity back home LOW MEDIUM HIGH

Please include any additional information that you feel is relevant: _____

SIGNED _____

In case of emergency – contact: _____

Relationship: _____

Contact Number: _____