



PAWS FOR ADVENTURE

P.O. Box 10107, Fairbanks, Alaska 99710 (907) 378-3630 www.pawsforadventure.com

HEALTH FORM

Confidential Medical History

CLIENT INFORMATION

Please fill out the following and return to Paws for Adventure. This information will help us provide a safe and enjoyable experience for you. If there are any concerns regarding your ability to undertake this adventure, we will discuss it with you. Be aware that this adventure can be fairly physically demanding, requires good balance and coordination and overall good physical condition. You will also most likely be exposed to sub-zero temperatures.

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Phone (Home): _____ Cell: _____

Email: _____

Age: _____ Birth date: _____ MALE or FEMALE

Participants are responsible for any medical expenses incurred during the trip, including medical evacuation, and should be covered by their own medical insurance.

Do you have health insurance coverage? (Yes/No) _____

Health Insurance Company: _____

Policy # _____

Phone # _____

Person to be notified in case of emergency:

Name: _____

Address: _____ City: _____ State: _____

Country: _____ Zip Code: _____

Phone # (home) _____ (other) _____

Relationship: _____



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HEALTH FORM CONTINUED

Country: _____ Zip Code: _____

Phone # (home) _____ (other) _____

Relationship: _____

MEDICAL HISTORY

To be completed by applicant. If applicant is under 18 years of age, a Parent or Guardian must sign this form.

Please note: If you arrive for the adventure with a pre-existing condition or injury which is not indicated on your medical form and you are subsequently requested to leave the trip because of this condition, you will not be refunded for the trip. Please understand that this is to ensure your safety and the safety of others on the trip.

Please provide details for any "yes" answer:

1. Give a brief statement of your general health: _____

2. Height _____ Weight _____ Shoe Size: _____

3. Do you have or have you had, any past serious or ongoing medical problems or conditions?

Yes/No: _____ Describe: _____

4. Are you taking any medications?

Yes/No: _____ List in detail all medications and dosages: _____

5. Do you have problems with vision or hearing?

Yes/No: _____ Describe: _____

5. Do you smoke? Yes/No: _____

6. Do you have asthma or breathing problems? Yes/No: _____



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HEALTH FORM CONTINUED

7. Are you allergic to any medications? Yes/No: _____ Foods? Yes/No: _____

Other? _____ Do you have medications to control the reaction? _____

Please describe: _____

8. Do you have high blood pressure? Yes/No: _____ Describe: _____

9. Do you have any heart problems or related issues or shortness of breath on exertion? Yes/No: _____

Describe: _____

10. Do you require a special diet? If so, please tell us what you do NOT eat: _____

11. Do you have problems with you neck, back, or joints that limit your exercise? Yes/No: _____

Describe: _____

12. Have you have frost bite or a reaction to cold temperatures? Yes/No: _____

Describe: _____

13. Does you health prevent you from participating in any physical activities? Yes/No: _____

14. Consent is hereby given for the applicant to participate on a trip with Paws for Adventure Sled Dog Tours and permission is given for any emergency medical treatment which might become necessary. I understand that the tour involves physically and mentally strenuous activity in a remote wilderness area far removed from urban medical facilities

15. The information provided above is a complete and accurate statement of the health factors which may affect my participation on an adventure with Paws for Adventure Sled Dog Tours. I realize that failure to disclose such information could result in serious harm to myself and fellow participants and agree to indemnify and hold Paws for Adventure Sled Dog Tours harmless if all relevant information is not disclosed.

Name (printed): _____

Date: _____ Applicant's Signature _____

(parent or guardian signature if under 18)