

# USAFA Outdoor Recreation Medical Information Form

## 1. General Information

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last, First, Middle Initial. Day Month Year

Home Address \_\_\_\_\_

H. Phone (\_\_\_\_\_) \_\_\_\_\_ W. Phone(\_\_\_\_\_) \_\_\_\_\_

Male ( ) Female ( ) Height \_\_\_\_\_ Weight \_\_\_\_\_ Current Age \_\_\_\_\_

Unit/Organization \_\_\_\_\_

## 2. Medical Information (Please fill in as much as you can)

A. Medical Records Kept at: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

B. Person to be notified in case of injury or illness \_\_\_\_\_  
Home Address \_\_\_\_\_  
H. Phone \_\_\_\_\_ W. Phone \_\_\_\_\_ Relationship \_\_\_\_\_

C. Date of last Tetanus Booster (must be current within 10 years) \_\_\_\_\_  
List any medications to which you are allergic \_\_\_\_\_  
Nature of reaction \_\_\_\_\_  
List any other allergies (food, insects, bites etc...) \_\_\_\_\_  
Nature of Reaction \_\_\_\_\_  
If yes, do you carry medicine? \_\_\_\_\_ What kind? \_\_\_\_\_  
Please notify a guide as to where you keep this medicine.

## 3. Medical History

A. Name any illness or condition for which you are now undergoing treatment and list any medications that you are currently taking \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Please list any other injuries, illness, condition or phobia you have or have had that you think our Guide(s) should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. For hiking, biking, kayaking, canoeing, rock climbing, rappelling, rafting, canyoneering or any other physically challenging trip please fill in the following:

A. Please name any joints or bones that have been broken \_\_\_\_\_

B. Please name any joints that have been dislocated or you experience problems with while exercising. Please explain the type of injury and how it affects you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Please list any surgery you have had that affects you while exercising. \_\_\_\_\_

D. Please give details of any other medical issues that may affect you while exercising or participating in these activities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_