HEALTH HISTORY FORM

(Please print and complete all sections.)

Part B

FIRST NAME_________________________________ **LAST NAME** ____

REQUIRED IMMUNIZATION:

Immunization	Required Interval	Last Immunization Date	Exemption
Tetanus	Within 10 years of September 1, 2021. Recommended within 5 years.	____________________	❑ Religious

CURRENT HEALTH STATUS: Please indicate if you have any medical conditions or physical disabilities that could interfere with or limit your participation in the trip. If you are unsure, explain the trip to your physician and ask for his/her advice. *(This will not necessarily prohibit your participation, but for your own safety, we must be aware of such conditions.)* If you answer yes to any of the questions below, please specify in detail section below, indicating the item number. All information is kept strictly confidential. Attach additional sheets if necessary.

1. Hearing or Vision Problems (do not include wearing glasses or contacts)	❑ Yes ❑ No	9. Frequent Muscle Cramps?	❑ Yes ❑ No
2. Respiratory Problems (do not include minor ones)	❑ Yes ❑ No	10. High or Low Blood Sugar	❑ Yes ❑ No
3. Back Problems	❑ Yes ❑ No	11. Seizure Disorders	❑ Yes ❑ No
4. Joint Problems (e.g. knees, ankles, hips, etc.)	❑ Yes ❑ No	12. Anemia, Bleeding tendencies or Traits	❑ Yes ❑ No
5. Serious Illness or Hospitalizations in last year.	❑ Yes ❑ No	13. Mental Health Issues	❑ Yes ❑ No
6. Surgeries in last 6 months	❑ Yes ❑ No	14. Smoker	❑ Yes ❑ No
7. Heart Problems or High Blood Pressure	❑ Yes ❑ No	15. Other Medical Conditions	❑ Yes ❑ No
8. Serious Reaction to High or Low Temperatures	❑ Yes ❑ No		

Item #	Detailed description (include restrictions, if any). Add a separate sheet if necessary.

ALLERGIES: Please indicate any allergies you have (medications, foods, etc.), your allergic reactions, and any medication required.

Allergies Reactions (check if applicable, write in others)	Check Yes/No	Reaction (if any)	Medication Required (if any)
Reaction to Insect stings (bees, wasps, etc.)	❑ Yes ❑ No		
Reaction to Iodine or Shellfish?	❑ Yes ❑ No		
Reaction to Peanuts (legumes)?	❑ Yes ❑ No		
Reaction to Nuts?	❑ Yes ❑ No		
Reaction to Latex?	❑ Yes ❑ No		

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MEDICATIONS: Please indicate any medications you are currently taking (other than allergy medications), for what condition, and whether you will need to take it during the trip. If you need to take medication during the trip, be sure you have an ample supply.

Medication	Condition	Do you need this during the trip?
		❑ Yes ❑ No
		❑ Yes ❑ No
		❑ Yes ❑ No
		❑ Yes ❑ No

DIETARY RESTRICTIONS OR FOOD ALLERGIES: (Please indicate specific dietary restrictions: Vegetarian, Vegan, Kosher, Halaal, lactose intolerant, etc.)

❑ No Special Menu ❑ Vegetarian ❑ Vegan ❑ Kosher ❑ Halaal

Other Dietary Needs/Food Allergies: Enter information below or send us additional information by letter(Lactose intolerant, gluten allergy, Crohn's Disease, etc. please indicate any more specific dietary restrictions.) We will do our very best to meet your dietary requirements. However, we do have limitations in terms of the types of food that we can bring on an outdoor trip so if you have certain special needs, you might be required to bring some of your own food. Contact the OA Office if you have questions.

Special Dietary Needs:

SWIMMING ABILITY: **❑ Cannot Swim ❑ Poor Swimmer ❑ Fair Swimmer ❑ Good Swimmer ❑ Very Good Swimmer**

What level of trip would you be most comfortable with? (select one)

❑ 1 – Easy	❑ 2 – Moderate	❑ 3 – Strenuous	❑ 4 – Very Strenuous
Base Camp trip. Most activities are in camp. Some light hiking, 4–6 miles on flat terrain	4–7 miles of hiking/day on relatively flat terrain or shorter mileage on moderately hilly terrain	6–10 miles of hiking/day on moderately hilly terrain or shorter mileage on moderately hilly terrain	8–10 miles of hiking/day possibly on steep terrain

CURRENT PHYSICAL CONDITION: Please ***check only one box*** to rate your current physical fitness level.

	I. I don't participate regularly in programmed recreation sport or physical activity:
❑	Avoid walking or exertion (e.g. always use elevator, drive whenever possible instead of walking)
❑	Walk for pleasure, routinely use stairs, occasionally exercise sufficiently to cause heavy breathing or perspiration.
	II. I participate regularly in recreation or work requiring modest physical activity, such as golf, horseback riding, calisthenics, gymnastics, table tennis, bowling, weight lifting, or yard work:
❑	10 to 60 minutes per week
❑	Over one hour per week
	III. I Participate regularly in heavy physical exercise (such as running or jogging, swimming, cycling, rowing, skipping rope, running in place) or engage in vigorous aerobic type activities (such as tennis, basketball, or handball).
❑	Run less than one mile per week or spend less than 30 min per week in comparable physical activity.
❑	Run 1 to 5 miles per week or spend 30 to 60 min per week in comparable physical activity.
❑	Run 5 to 10 miles per peek or spend 1 to 3 hours per week in comparable physical activity.
❑	Run over 10 miles per week or spend over 3 hours per week in comparable physical activity.

CURRENT EXERCISE ACTIVITY:

Do you exercise regularly? ❑ No ❑ Yes

If yes, list any physical activities or sports you engage in, times per week, duration, and level of intensity.

Activity	Times/Week	Approximate Time/Distance	Level of Intensity
			❑ Leisurely ❑ Moderately ❑ Intensely
			❑ Leisurely ❑ Moderately ❑ Intensely
			❑ Leisurely ❑ Moderately ❑ Intensely

OTHER INFORMATION: Attach additional sheets for other pertinent medical or health history information or physical condition

Please complete the other side and PART A.