

Team Member Name \_\_\_\_\_

Date \_\_\_\_\_

## HEALTH QUESTIONNAIRE

Please place a checkmark beside any of the health conditions that you may have at the present time for have had in the past. It is important that your team coordinator be aware of any medical problems that may arise while on the trip. Please use the comment space below to add any existing conditions that may not be itemized.

### HEART

- Heart Surgeries
- Bypasses
- Heart Medication
- Pacemaker
- High Blood Pressure
- Other \_\_\_\_\_

### LUNGS

- Asthma
- Emphysema
- High Altitudes
- Other \_\_\_\_\_

### DIET

- Diabetes
- Prescribed Insulin
- Hypoglycemia
- Diet Restrictions

### OTHER

- Epilepsy
- Allergies \_\_\_\_\_
- Phobias \_\_\_\_\_
- Medications \_\_\_\_\_
- Other \_\_\_\_\_

### COMMENTS

Please include any health conditions that your team leader should be aware of in case of any emergency. List any and all medications that you will be taking with you.

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Signature