

# Confidential Health Questionnaire

Fax: 928 638 2484 Mail: GCFI, PO Box 399, Grand Canyon AZ



GRAND  
CANYON  
ASSOCIATION  
INSPIRE. EDUCATE. PROTECT.

As a part of our ongoing efforts to evenly match participants with each class, we are asking all registrants to send their answers to the questions below when enrolling in any class. Your responses will remain confidential. Your participation is subject to our receipt of this form and approval by GCFI staff or the instructor.

**Physical Condition**—Describe your regular exercise activities.

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**Backpacking Experience** (*if any*)—Please provide the following information about relevant outing experience in the last few years (particularly desert and high-altitude hiking):

Dates and locations, distances hiked (total and longest day), total elevation gain and loss, and maximum weight carried.

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**Climbing Experience** (*to be completed by those attending a Wilderness Studies Workshop level 6 or higher*)

Please provide details about any climbing classes you may have attended or routes (including class) you might have completed.

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**Medical Information** (*please* be forthright as you complete this section—for your protection and that of others)

1. Name Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ \_\_\_\_\_
2. Class Name & Date \_\_\_\_\_ 3. Occupation \_\_\_\_\_
4. Birth Date \_\_\_\_\_ 5. Contact Phone \_\_\_\_\_ 6. Height \_\_\_\_\_ Weight \_\_\_\_\_
7. Address \_\_\_\_\_
8. Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_
9. Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_ Email \_\_\_\_\_
10. Are you covered by any hospitalization/care policy? Yes \_\_\_ No \_\_\_ Policy # \_\_\_\_\_
11. Insurance Company Name and Address \_\_\_\_\_
12. Does your insurance company require pre-authorization? Yes \_\_\_ No \_\_\_ If yes, phone # \_\_\_\_\_

**13. ARE YOU CURRENTLY EXPERIENCING OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?**

	Yes	No		Yes	No
Heart problems/attack	—	—	Overweight	—	—
Chest pain/pressure	—	—	Currently pregnant	—	—
Frequent shortness of breath	—	—	Asthma/respiratory problems	—	—
Frequent dizziness	—	—	Diabetes/blood sugar problems	—	—
Frequent fainting	—	—	Recurrent/frequent headaches	—	—
High blood pressure	—	—	Ulcer/stomach problems	—	—
Depression/anxiety	—	—	Urinary tract problems	—	—
Smoker	—	—	Musculo-Skeletal problems	—	—
Hepatitis	—	—	Hospitalization/surgery (within the last year)	—	—
Seizures	—	—	HIV Positive	—	—
			Other _____		

**If you answered “Yes” to any of the above, you must provide a note from your doctor showing that he/she has cleared you for the class. Please discuss with your doctor the rigorous physical conditions of backpacking in the Grand Canyon (i.e. elevation changes, hiking distances, trail conditions, and environmental changes) and what effect this may have on your noted medical condition, while seeking a written clearance. Without such written clearance you will not be permitted to participate.**

14. List any allergies/anaphylaxes (including medications, foods, bites, and stings).
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

15. List all your current medications (including over-the-counter drugs). Conditions such as sun exposure and high temperatures or cold water immersion **may require a re-calibration of your current dosage**. We encourage you to **consult with your physician** if you are taking any medication. Please bring two (2) courses of your medication. Be sure to remind your instructor what medications you are currently taking and their purpose.

Medication	Purpose	Medication	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

16. Your Signature \_\_\_\_\_ Date \_\_\_\_\_