

Health Questionnaire

Date: _____

Full Name: _____ DOB: _____

Address: _____

email: _____

Phone: _____ Alt Phone: _____

Emergency Contact: _____

Relationship: _____

Phone: _____ Alt Phone: _____

Does your emergency contact person know you will participate: ☐ Yes ☐ No

Do you wear a Medic-Alert Tag or any other marker of a medical problem? ☐ Yes ☐ No

If yes, please describe:

Do you have allergic or anaphylactic reactions to any insults, such as environmental substances, foods, drugs, insect bites or stings? ☐ Yes ☐ No

If yes, please describe, and let us know if you carry an Epi pen or other fast-acting medication:

If you walked on the level for a mile at an average pace would you get out of breath, have pains in the chest, develop muscle fatigue or have pains in your legs? ☐ Yes ☐ No

Describe your degree of fitness in your own words:

Do you have any other health-related disease, condition, or concern that program guides should be aware of? ☐ Yes ☐ No

If yes, please describe:

Signature

This information is accurate and complete. I agree to communicate fully with Empathy Connects LLC program instructors and Guides regarding any health concerns that may arise. I give my permission to staff of Empathy Connects LLC to seek emergency medical diagnosis or treatment for me in the event that I am unconscious or unable to make my own decisions.

SIGNATURE: _____