



**Medical Questionnaire of:** \_\_\_\_\_

OUTWARD BOUND's camps include certain sports activities. There is a certain level of fitness necessary for all participants. Handicapped people or people with a medical problem can take part in a camp if OUTWARD BOUND knows about these and can take special care of these people or adjust the program accordingly. Please carefully fill in the following health statement and do answer every question. These information will not be shared with third parties and serves only to protect the health of the participant. **Thanks for your support!**

<b>Have you ever had or do you have...</b>	<b>YES</b>	<b>NO</b>
... heart trouble, heart issues, high or low blood pressure?		
... athletic injuries, bone fractures or trouble with your spine?		
... asthma, bronchitis, tuberculosis or analogical disorders with your respiratory ducts?		
... diabetes or any metabolism disease ?		
... epilepsy, pass outs, migraine or strong headaches?		
... nervous diseases or perception disorders?		
... allergies (e.g. against medications, insect bites, ...? "Allergy pass" available? (Food see p.1)		
... sprains (e.g. shoulder), fractures (e.g. arm, lower leg)?		
... any infectious diseases?		
... nightly habits? (sleep walking, disorientation, ... )		
... been treated by a doctor or in hospital for a serious injury/ illness within the last 2 years? If yes, are there any restrictions? (Please explain below.)		
... to take medication at this time? (Please explain below.)		
... psychological or physical therapy?		
Do you give permission to our team to remove a tick by experienced staff members?		
Other:		

If you have answered "yes" to any of the questions above, please explain in the space provided and talk to our staff:

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Date of your last tetanus vaccination (if known): \_\_\_\_\_ Blood group (if known): \_\_\_\_

Name and phone number of your medical practitioner (at home):

Contact number: \_\_\_\_\_ Name: \_\_\_\_\_

We confirm that we will be reachable during the course in an emergency with one of these contact numbers:

Contact number 1: \_\_\_\_\_ Name: \_\_\_\_\_

Contact number 2: \_\_\_\_\_ Name: \_\_\_\_\_

I hereby declare, that all my answers are true and no important information was undisclosed.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature student

\_\_\_\_\_  
Signature parents/ guardians

<p>If you are not sure that you can attend this training due to your condition, please consult a doctor and have him review this medical statement. Please notice: attending our courses is on your own risk. Thank you!</p>
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