



a limited liability company

[www.StepOutdoorsColorado.com](http://www.StepOutdoorsColorado.com)

## Step Outdoors, LLC

~ Health Form ~

### Participant Information

<b>Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Date of Birth</b>	

### Emergency Contact Information

<b>Emergency Contact</b>	Contact Person:
	Contact Number:
	Relationship:
<b>Physician Information</b>	Name:
	Contact Number:
<b>Health Insurance Provider</b>	Insurance Company:
	Group Number:
	ID Number:
	Phone Number:
<b>**attach a copy of your health insurance card</b>	



Health Form – February 2014

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## Health History

<b>Special Medical Problems or Concerns</b> (including muscle or skeletal injuries)																																								
<b>Medications or Allergies</b> (list any medications or allergies)																																								
<b>General Medical History</b> (do you currently have or do you have a history of ...)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr><td>Respiratory problems? Asthma?</td><td></td><td></td></tr> <tr><td>Diabetes?</td><td></td><td></td></tr> <tr><td>Hypertension?</td><td></td><td></td></tr> <tr><td>Bleeding or blood disorders?</td><td></td><td></td></tr> <tr><td>Hepatitis or other liver disease?</td><td></td><td></td></tr> <tr><td>Neurological problems? Epilepsy?</td><td></td><td></td></tr> <tr><td>Seizures?</td><td></td><td></td></tr> <tr><td>Dizziness or fainting episodes?</td><td></td><td></td></tr> <tr><td>Do you see a Medical/Physical specialist of any kind?</td><td></td><td></td></tr> <tr><td>Are you pregnant?</td><td></td><td></td></tr> <tr><td>Cardiac problems?</td><td></td><td></td></tr> <tr><td>Date of Last Tetanus Shot?</td><td></td><td></td></tr> </tbody> </table> <p style="text-align: center; color: red; margin-top: 10px;">Please describe any "yes" responses above.</p>		Yes	No	Respiratory problems? Asthma?			Diabetes?			Hypertension?			Bleeding or blood disorders?			Hepatitis or other liver disease?			Neurological problems? Epilepsy?			Seizures?			Dizziness or fainting episodes?			Do you see a Medical/Physical specialist of any kind?			Are you pregnant?			Cardiac problems?			Date of Last Tetanus Shot?		
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<b>Current Exercise Routine</b>	Please describe your current exercise routine – including type of activity, how often and duration.																																							

The information provided below is a complete and accurate statement of any physical and psychological conditions that may affect my participation in this course. I realize that failure to disclose such information could result in serious harm to myself and my fellow participants. I agree to inform Step Outdoors, LLC should there be any change in my health status prior to the start of the course. On the basis of this information, and what I know or suspect about my physical and psychological health, I am fully capable of participating in this Step Outdoors, LLC Course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

