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Do you have any allergies or drug reactions? If so, please explain

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What medications are you currently taking?

Medication Name	Reason for Taking Medication	Dosage and How Often Taken
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When was your last tetanus shot?

Are all immunizations current?

Do you have a special diet need? If yes, please explain

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**DOCTORS EXAM**

I have examined the above referenced participant within the last 12 months and find her in satisfactory condition to participate in the physical activities of hiking in high altitudes; rope climbing and repelling; stream and lake fly fishing; handling and caring for animals; and setting up and tearing down camp. She is free from contagious diseases and current in her tetanus and immunization shots.

Signature of Family Doctor

Date

Printed Physician Name:

Phone No

Address:

Additional Comments By Physician:

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