Medical History Form

This is a required document to apply for a Youth Volunteer Vacation with WTA. See more information about the application process at **wta.org/teens**. If you have any questions, please call us at 206-625-1367 or email us at volunteer@wta.org

Emergency Contact Information

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone Number (____)_____

If they can't be reached contact:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone Number (____)_____

Medical Insurance Information

Insurance Company Name _____

Account Number _____ Company Phone Number (____)_____

Vitals

Height _____ Weight _____ Age _____

Resting Pulse _____ Blood Pressure _____

Birthdate (mm/dd/yyyy) _____

Fitness

Describe your current physical condition.

Allergies

Are you allergic to bee stings? If so how severe is your reaction?

Do you carry an anaphylaxis kit? _____Yes _____No

Are you allergic to any medications?

Do you have any food allergies or dietary restrictions? Please contact us if you have questions about our ability to accomodate your needs.

Do you have any other allergies? Please describe, noting type and severity.

Vision

Any vision problems?

Do you wear glasses or contacts? _____Yes _____No

Medical History

Describe any injuries, operations or hospitalizations.

Describe any illness or pre-existing conditions.

Medical History Contin.

Have you had any recent exposure to infectious diseases?

Have you experienced altitude problems in the past?

Are you taking any medications? List type, dosage, frequency of use, side effects and purpose.

There is a risk of tetanus in the backcountry. What is the date of your last tetanus shot?

_____

(mm/dd/yyyy)

Please state below any other health conditions, limitations or restrictions of which you are aware.

Physical examination

Date of most recent physical.

_____

(mm/dd/yyyy)

_____

Physician's Name

_____

Physician's Address

(____)_____

Physician's Phone Number