

CONFIDENTIAL MEDICAL HISTORY

PART 1. GENERAL INFORMATION

This medical form helps us ensure a safe experience for you. If we have any questions about your ability to complete the trip, we will call and discuss it with you. If, after this discussion it is decided that it would be unwise for you to participate on that particular trip, we will either recommend a less strenuous trip or refund all payments made to Uncommon Journeys Ltd. Unfortunately, we cannot cover or refund costs of medical examinations or other expenses you incur preparing for a trip.

Name _____ Trip Name & Dates _____

Street _____ City _____ Prov /State _____

Country _____ Postal or Zip Code _____

Home telephone (____) _____ Business Telephone (____) _____

Email _____

Age _____ Birthdate (mo/day/yr) _____ Male ___ Female

Person to be notified in case of illness or injury

Name: _____

Street _____ City _____ Prov /State _____

Country _____ Postal or Zip Code _____

Home telephone (____) _____ Business Telephone (____) _____

Relationship _____

EACH PARTICIPANT IS RESPONSIBLE FOR ANY MEDICAL EXPENSES, INCURRED DURING THE TRIP, INCLUDING MEDICAL EVACUATION AND SHOULD BE COVERED BY THEIR OWN SICKNESS AND ACCIDENT INSURANCE.

In case of an emergency requiring hospitalization, answers to the following questions are required to be supplied in detail

1. Are you covered by a public/provincial medical plan?

By which province or state? _____ Health Card Number _____

2. Do you have other private medical insurance coverage? _____

Name of insurance company _____ Policy number _____

Address _____ Phone (____) _____

PART II. MEDICAL HISTORY To be completed by Applicant. Parent or Guardian must also sign this form, if Applicant is under 18 years of age.

Please note: If you arrive at the start of the trip with a pre-existing condition or injury which is not indicated on your medical form and you are subsequently requested to leave the trip because of this condition, you will be charged an evacuation fee, if applicable, and will not receive any refund. Please understand that this is to ensure your safety and the safety of the other trip members.

IF YOU CHECK YES TO ANY QUESTIONS BELOW, PLEASE DESCRIBE DETAILS ON THE RIGHT SIDE OF THE PAGE.

1. Give a brief statement of your general health

Height _____ Weight _____ Shoe Size _____

Check one (Describe Details)

2. Do you have or have you had, any past, serious or ongoing medical problems or conditions?

Yes ___ No ___

3. Are you taking any medications (list in detail all medications and dosages) N.B. If you are taking medications, please bring an extra week's supply of the medication on the trip in separate, waterproof, nonbreakable containers, along with dosage instructions. Also bring medication for allergies and seizures if indicated

Yes ___ No ___

4. Have you had any surgeries? Give approx. dates/details.

Yes ___ No ___

5. Are you allergic to any of the following? (please list all allergies and describe nature and severity of reaction)

medications Yes ___ No ___

foods Yes ___ No ___

insect bites Yes ___ No ___

other Yes ___ No ___

What medications are needed to control the reaction?

6. Do you smoke? If so, how much?

Yes ___ No ___

7. Do you have problems with vision or hearing? (describe)

Yes ___ No ___

8. Do you have motion sickness? (describe severity)

Yes ___ No ___

9. Do you have high blood pressure? (describe)

Yes ___ No ___

10. Do you have heart murmurs; episodes of irregular heart beat; shortness of breath or chest pain on exertion? (if so, describe symptoms)

Yes ___ No ___

11. Do you have asthma? If so, has the condition been stable for the past year?

Yes ___ No ___

12. Do you require a special diet? (If vegetarian, please list what you do not eat)?

Yes ___ No ___

13. Do you have claustrophobia, agoraphobia, acrophobia? (strong fear of confined places, open areas, heights)?

Yes ___ No ___

14. Do you have problems with your neck, back, arms, ankles or knees that limit your exercise?

Yes ___ No ___

15. Have you had frostbite or a reaction to cold temperatures? (describe severity if so)

Yes ___ No ___

16. Does your health prevent you from participating in any physical activities?

Yes ___ No ___

17. What is your current swimming ability?

Non-swimmer _____ Can swim at least 100 metres _____

Strong swimmer _____ Hold current lifesaving certificate _____

It is strongly recommended that participants of any water based activities be able to swim at least 100 metres confidently while wearing a personal flotation device.

18. Any person with normal physical and mental capacity can usually expect to complete a trip with Uncommon Journeys Ltd. but preliminary conditioning is strongly advised. Uncommon Journeys Ltd. reserves the right to decline any applicant whose physical condition is not suitable for the trip. Please describe in detail what you do routinely to maintain fitness (mention activities and frequency).

If you are over 30 years of age and any of the following conditions apply to you, we **STRONGLY SUGGEST** that you discuss with your physician the advisability of taking a stress electrocardiogram. Please check the following if applicable:

___ high blood pressure

___ smoke one or more packs of cigarettes daily

___ family history of heart disease

___ long-term sedentary lifestyle

___ overweight or obesity

___ previous cardiovascular disease

___ diabetes

Consent is hereby given for the applicant to participate on a trip with Uncommon Journeys Ltd. and permission is given for any emergency anesthesia, operation, hospitalization or other

treatment which might become necessary. I understand that the program involves physically and mentally strenuous activity in a remote wilderness area far removed from the facilities of civilization.

The information provided above is a complete and accurate statement of the physical and psychological factors, which may affect my participation on a trip with Uncommon Journeys Ltd. I realize that failure to disclose such information could result in serious harm to myself and fellow participants and agree to indemnify and hold Uncommon Journeys Ltd. harmless if all relevant information is not disclosed.

Name (please print) _____

Date

Applicant's Signature

Signature of Parent or Guardian
if under 18 years of age



World Class Adventures in Canada's Yukon by Dogsled and Canoe

PO Box 20621, Whitehorse, Yukon, Canada, Y1A 7A2
Phone (867) 668-2255 Fax (867) 668-2254 Email info@uncommonyukon.com