

# Rensselaer Outing Club Medical Form

This form will be used in the event of injury or illness to provide emergency medical personnel with useful medical information. This medical form will not be used as a screening tool. If you have any questions regarding your ability to participate in the activity due to medical reasons please contact a physician. Staff and medical personnel will keep the information on this form confidential. If you need special accommodations for any reason, including medical, please notify the activity trip leader or RPI Outdoor Programs staff.

## General Information

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Gender ID:  Male  Female

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## Emergency Information

Primary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Medical Insurance

Please provide current insurance information:

Insurance Company: \_\_\_\_\_ Contact Phone (if applicable): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Holder Contact Number: \_\_\_\_\_

## Allergies

Include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.) None

Allergy	Reaction	Medication Required (if any)

Dietary Restrictions: \_\_\_\_\_

## Medical History

Please check any of the following conditions that apply to you and provide any details pertaining to this condition:

- Yes  No *Operations/Serious Injuries in the past 5 years* \_\_\_\_\_
- Yes  No *Hospitalization/E.R. visits in past 12 months* \_\_\_\_\_
- Yes  No *Severe Allergies* \_\_\_\_\_ *What triggers reaction?* \_\_\_\_\_
- Yes  No *Asthma/Respiratory Do you use an inhaler?* \_\_\_\_\_ *What triggers attacks?* \_\_\_\_\_
- Yes  No *Diabetes (Please note if insulin dependent.)* \_\_\_\_\_
- Yes  No *High Blood Pressure (Last known B.P.)* \_\_\_\_\_
- Yes  No *Major Joint/Tissue/Bone Injuries (i.e. neck, back, knee, shoulder, ankle, breaks, etc.)* \_\_\_\_\_
- Yes  No *Hearing Problems* \_\_\_\_\_
- Yes  No *Seizure/Epilepsy Date of last seizure:* \_\_\_\_\_ *What triggers seizure?* \_\_\_\_\_
- Yes  No *Heart/Cardiac Conditions or Surgery* \_\_\_\_\_
- Yes  No *Bleeding Disorder (i.e. Anemia)* \_\_\_\_\_
- Yes  No *Hepatitis or Other Liver Disease* \_\_\_\_\_
- Yes  No *Fainting/Blackouts/Dizziness. What triggers this?* \_\_\_\_\_
- Yes  No *Eye/Vision* \_\_\_\_\_  
(Note: If you wear prescription glasses or contacts, we recommend bringing a spare set.)
- Yes  No *Are you currently pregnant?* \_\_\_\_\_ *If yes, how far along are you?* \_\_\_\_\_
- Yes  No *Other Health or Medical Issues* \_\_\_\_\_

Please list all prescription, over-the-counter, and natural medications you are taking. Use a separate sheet if necessary.

Medication Name	Dosage	Frequency	Side Effects (known & potential)	Reason for Taking

*Outing Club participants must understand the use of any prescription medications they may be taking. All students who are required by their personal physician, psychiatrist or other health care provider to take prescription medications on a regular basis must be able to do so on their own and without additional supervision.*

### Acknowledgement

I understand the importance of providing accurate medical information and I certify to the accuracy of the foregoing information. I further contend that I am in good health and know of no personal physical or mental limitations that would prevent my participation in this activity/trip (unless noted). In the event of illness or injury occurring to me or to my child (if participant is younger than 18) during attendance of this activity/trip, I do hereby consent to any X-ray examination, anesthesia, medical or surgical diagnostic procedure performed by or suggested by the attending licensed physician, as well as treatment that is considered reasonable and necessary in the best judgment of and performed by or under the supervision of a member of the Outing Club or staff of Rensselaer Polytechnic Institute. I understand that in the event of a serious illness or injury, reasonable efforts to notify those listed in case of emergency will be attempted. I understand I have the right to refuse submission of personal information. However, in doing so, I acknowledge that the activity staff, trip leader, or Rensselaer Polytechnic Institute staff may not have the necessary information to best assist me or my child (if participant is younger than 18) in a medical situation that may occur during this activity.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(If participant is under 18 years of age)

Date: \_\_\_\_\_