



MEDICAL INFORMATION

This form will be in the possession of the Team Leader,
and will be used only by Medical Personnel in case of an emergency

Name: _____

Height _____ Weight _____

Date of Birth _____ Age in 2017 _____

Personal Assessment of Physical Condition (Circle One) Excellent Good Fair Poor

Major Health Problems: _____

Surgery Last 4 Years: _____

Heart Problems: _____

High Blood Pressure: _____

Allergies _____

Other Conditions which would be of interest to Medical Personnel: _____

List all medications you are currently taking: _____

Shortness of Breath? _____

The Summit is hilly terrain at an altitude of 4,000 feet with varying up and down grades. Do you see this as a potential problem? _____

Do you Smoke? _____ The Summit is a smoke free reservation. If you smoke, you will only be allowed to do so off site.

Other Information of Interest: _____

Signed/Date

Send completed forms to Wayne Partie, 7511 W, Henry Ave, Tampa, FL 33615-3413