

GWR Trek Program  
**MEDICAL HISTORY FORM**  
For Alumni and Family Treks

NAME \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

PERMANENT PHONE \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

This medical history form provides information that may help us to improve your health and safety in connection with a trek or other activity sponsored or organized by Gray Wolf Ranch Incorporated ("GWR").

GWR treks are wilderness expeditions varying in length from three to ten days that visit remote areas where evacuation to modern medical facilities may take days. Other GWR activities take place in areas where medical treatment may not be readily available.

**Physical conditioning is highly recommended before participating in a trek or other strenuous activity.**

On a GWR trek you may experience some or all of the following field conditions:

- Weather conditions can be extreme, with temperatures ranging from -20 degrees F. to + 100 degrees F. Prolonged storms, high winds, intense sunlight, sudden immersion in cold water and/or high seas are possible.
- Physical demands may include carrying a backpack weighing between 45-75 pounds over uneven terrain such as snow, ice, rocks, boulders, fallen logs, or slippery surfaces, as well as ascending and descending steep mountain slopes. Peak climbs can be to altitudes as high as 8,000 feet.
- Physical demands on sea-kayaking, rowing, sailing and canoeing treks may include paddling / rowing heavily loaded kayaks, longboats, or canoes, lifting and carrying boats over uneven terrain, and climbing over the bow of a longboat at chest height.
- On a GWR trek, participants will experience long, physically demanding days, set up camp, prepare their own meals, and sleep outdoors. Each participant is expected to take good care of themselves.
- Wilderness water is disinfected with iodine or by boiling. These methods are not effective against cryptosporidium. An individual with a compromised immune system should communicate this condition on this form so an appropriate water filter can be selected.

This form is to be completed by the participant, carefully considering the above information. If there is an indication that a physical examination by a medical professional would be prudent, this form must be completed and signed by a medical professional. **GWR reserves the right to require a physical examination by a medical professional as a condition of participation.**

**Cardiac Screening:**

An individual over 35 years of age with two or more of the following risk factors should discuss trek participation with his or her health care provider. GWR may require a signature from a medical professional on this form indicating approval for trek participation. Please indicate below with a check if you experience any of these risk factors:

- |   |  |
|---|--|
| <input type="checkbox"/> high blood cholesterol             | <input type="checkbox"/> unexplained chest pain, shortness of breath or palpitations   |
| <input type="checkbox"/> high blood pressure                | <input type="checkbox"/> current or prior cardiovascular disease                       |
| <input type="checkbox"/> diabetes                           | <input type="checkbox"/> a family history of cardiac disease (heart attack at <55 yrs) |
| <input type="checkbox"/> smoking more than one pack per day | <input type="checkbox"/> obesity   |

Please circle YES or NO for each item and explain "yes" answers below. Every question must be answered.

**General Medical History**

Do you currently have or do you have a history of:

- |   |         |       |
|---|---------|-------|
| 1. Respiratory problems? Asthma?  | 1. YES  | NO    |
| 2. Gastrointestinal disturbances?   | 2. YES  | NO    |
| 3. Diabetes?  | 3. YES  | NO    |
| 4. Hypertension?  | 4. YES  | NO    |
| 5. Bleeding or blood disorders?   | 5. YES  | NO    |
| 6. Hepatitis or other liver disease?  | 6. YES  | NO    |
| 7. Neurological problems? Epilepsy?   | 7. YES  | NO    |
| 8. Seizures?  | 8. YES  | NO    |
| 9. Dizziness or fainting episodes?  | 9. YES  | NO    |
| 10. Treatment or medication for menstrual cramps?   | 10. YES | NO NA |
| 11. Disorders of the urinary or reproductive tract?                                       | 11. YES | NO    |
| 12. Are you pregnant?   | 12. YES | NO NA |
| 13. Given the above statement on field conditions, is there anything else we should know? | 13. YES | NO    |

**Please explain "yes" answers** (include date(s) and current condition):

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**Muscle/Skeletal Injuries**

Do you currently have or do you have a history of:

- |   |         |    |
|---|---------|----|
| 14. Knee, hip, ankle, shoulder, arm or back injuries (including sprains) and/or operations? | 14. YES | NO |
|---|---------|----|

**Please explain "yes" answers** (include date(s) and current condition):

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**Allergies**

- |  |         |    |
|--|---------|----|
| 15. Any allergies? Insect bites or bee stings? | 15. YES | NO |
| 16. Are you allergic to any medications?       | 16. YES | NO |

**Please explain "yes" answers:**

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**Medications**

- |   |         |    |
|---|---------|----|
| 17. Are you currently taking any medications? | 17. YES | NO |
|---|---------|----|

Medication	Dosage (amt/freq)	Side Effects/Restrictions
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**Altitude/Heat**

- |   |         |    |
|---|---------|----|
| 18. History of frostbite or acute mountain sickness?      | 18. YES | NO |
| 19. History of heat stroke or other heat related illness? | 19. YES | NO |

**Please explain "yes" answers:**

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**Fitness**

20. Do you exercise regularly? 20. YES    NO

Activity	Frequency	Duration/Distance	Intensity Level:		Competitive
			Easy	Moderate	

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21. Do you smoke? If so, how much? \_\_\_\_\_ 21. YES    NO

22. Swimming ability (Check One):     Non-swimmer     Recreational     Competitive

**Other**

23. Is there anything else that we should know about your current health or physical abilities?

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I certify that the foregoing information is a complete and accurate statement of the physical and psychological factors which may affect my ability to participate in a GWR trek or other outdoor activity. I realize that failure to disclose such information fully could result in serious harm to myself and other participants. I agree to inform GWR in a timely fashion should there be any change in my health status prior to the start of the activity.

By my signature below, I am authorizing GWR to disclose the information in this form to a medical professional or emergency response personnel if it is deemed reasonable in the sole judgment of GWR. I am also authorizing GWR to use and rely upon the information in this form in connection with my participation in a trek or other activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Considering the information provided in this form, can this person participate in a GWR trek?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Professional's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_