

MEDICAL HISTORY

PLEASE COMMENT ON SPECIFIC DETAILS YOUR MEDICAL HISTORY, INCLUDING DATES OF HEALTH CONDITIONS, SPECIFIC MEDICATIONS, EFFECTS OF NOT TAKING MEDICATION AND CURRENT STATUS OF:

1. Problems with hearing or vision which requires a hearing aid, glasses, soft or hard contact lenses? Yes _____ No _____
 2. Problems with teeth, use of denture or bridge? Yes _____ No _____
 3. Palpitations of the heart, irregular heartbeat, heart murmurs? Yes _____ No _____
 4. High or low blood pressure? Yes _____ No _____
 5. Broken bones, joint dislocations, serious sprains? Yes _____ No _____
 6. Joint pains, swelling or stiffness without injuries? Yes _____ No _____
 7. Impaired circulation, or reaction to cold or hot temperatures? Yes _____ No _____
 8. Cramps or heat exhaustion problems? Yes _____ No _____
 9. History of diabetes, thyroid trouble, bleeding problems, Epilepsy or hypoglycemia? Yes _____ No _____
 10. Fear of height or confined spaces? Yes _____ No _____
 11. Special dietary restrictions? Yes _____ No _____
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12. Frequent nausea, food intolerance or heartburn? Yes _____ No _____
 13. Allergic to any of the following?
Check and describe the nature of the reaction
 medication (e.g. penicillin, aspirin, sulfa, etc)
 foods (e.g. shellfish, peanuts)
 insect bites (bee sting)
 other
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14. Previous problems being at altitude? Yes _____ No _____
15. Dizziness, fainting, convulsions, persistent headaches? Yes _____ No _____
16. Motion sickness? Yes _____ No _____
17. Chronic cough, bronchitis, bloody sputum? Yes _____ No _____
18. Shortness of breath, asthma or chest pain on exertion? Yes _____ No _____
19. Frequent abdominal cramps, severe menstrual cramps? Yes _____ No _____
20. Hernia? Yes _____ No _____
21. Kidney infection or stones? Yes _____ No _____
22. Please comment on any of the following prior health conditions that may restrict your activity on a Southwest Literary Center trip.
 Prior severe injuries to head, chest or internal organs?
 Prior surgical procedures?
 Prior illness requiring hospitalization?

Current level of physical activity: Please be specific (what kind of sports and number of times per week).
