



MEDICAL INFORMATION FORM

Our activities can be strenuous and often offer exercise of a different nature than most participants are accustomed to. We do not want you to engage in activities that would be detrimental to your health or which would be opposed by your doctor because of recent illness, injury, or surgery. If you have any questions regarding your participation in any activity with **Paddle In**, *please discuss them with your physician*. We ask for the following information so we can be aware of potential problems and will be better able to help you to safely enjoy the activity.

Name: _____ Male/Female (circle one)
Mailing address: _____ Age: _____

Height: _____
Ontario Health Card #: _____ Weight: _____

Please check the appropriate column

<u>Yes</u>	<u>No</u>	<u>Have you ever had</u>
___	___	Allergies
___	___	Diabetes
___	___	Heart disease
___	___	Epilepsy
___	___	Asthma
___	___	High blood pressure
___	___	Back problems
___	___	Dislocations
___	___	Do you get cold easily?
___	___	Do you smoke?
___	___	Are you pregnant?
___	___	Are you currently under a doctor's care?
___	___	For what reason: _____
___	___	Are you taking medications?
___	___	For what reason(s)? : _____
___	___	Do you have allergies to bug bites?
___	___	If so, do you carry medications? LIST: _____
___	___	Do you have any other conditions which might affect your health or the well being of others?
___	___	What are they? _____
___	___	Are there any limitations on your activities?
___	___	What are they? _____

Describe your swimming ability: _____

How would you describe your health? _____

In case of emergency, please notify: _____

At this daytime phone number: _____ or in the evening at: _____

Paddle In
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