

# UNCG Outdoor Adventures – Department of Recreation & Wellness

## Participant Health Statement

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This document must be read and signed by a participant and, in the event that the participant is under the age of 18, by participant's parent or legal guardian. If you have any questions regarding the legal consequences of signing this agreement you should consult an attorney. You, the participant, must complete a new form should any of the below information change. This agreement expires when a new academic year has begun.

UNCG Outdoor Adventures requests the following information so that our staff will know in advance of special medical considerations you may have, rather than learning about them in a crisis. Also, in the event of serious injury or illness, this form provides emergency medical personnel with a useful medical history. This information will be kept confidential except as needed in an emergency. UNCG Outdoor Adventure trips require varying levels of physical exertion. Trips may occur in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay. Each participant should consider their current physical condition prior to registering for any trip.

### PART I – GENERAL INFORMATION

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- Participant's Name (first & last): \_\_\_\_\_
- UNCG Email: \_\_\_\_\_
- UNCG ID #: \_\_\_\_\_
- Primary Phone: \_\_\_\_\_
- Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Permanent Address (if different): \_\_\_\_\_
- Birth Date (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_
- Gender: \_\_\_\_\_

### PART II – EMERGENCY CONTACT INFORMATION

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**NOTE:** If you are an INTERNATIONAL STUDENT please use the GEO as your primary contact (336-334-5404) and a family member as secondary.

1. Primary Emergency Contact (**REQUIRED**):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Secondary Emergency Contact (**OPTIONAL**):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### PART III – PAST AND PRESENT MEDICAL PROBLEMS / HISTORY

Please check YES or NO to the following items. If you check YES, please provide details on the provided line.

1. Recent Surgeries (last 5 years, include dates) ☐ Yes ☐ No \_\_\_\_\_
2. Asthma ☐ Yes ☐ No \_\_\_\_\_
3. Carry Inhaler ☐ Yes ☐ No \_\_\_\_\_
4. Prescribed Epinephrine ☐ Yes ☐ No \_\_\_\_\_
5. Diabetic ☐ Yes ☐ No \_\_\_\_\_
6. Seizure Disorder/Epilepsy ☐ Yes ☐ No \_\_\_\_\_
7. Seizure within Past Year ☐ Yes ☐ No \_\_\_\_\_
8. Cardiac Conditions ☐ Yes ☐ No \_\_\_\_\_
9. Motion Sickness ☐ Yes ☐ No \_\_\_\_\_
10. Vision Impairment ☐ Yes ☐ No \_\_\_\_\_
11. Hearing Impairment ☐ Yes ☐ No \_\_\_\_\_
12. Musculoskeletal Problems ☐ Yes ☐ No \_\_\_\_\_
13. Pregnant ☐ Yes ☐ No \_\_\_\_\_
14. Special Diet (gluten-free, vegan, vegetarian) ☐ Yes ☐ No \_\_\_\_\_
  
15. How would you describe your **swimming** ability (check one below)? Some water-based trips require an additional Water Comfort Assessment.  
☐ Strong ☐ Moderate ☐ Fair ☐ Cannot
  
16. Do you have any other physical, mental, or emotional problems/concerns, temporary or permanent, diagnosed or not, that would affect your participation?  
☐ Yes ☐ No \_\_\_\_\_
  
17. Do you require any reasonable accommodations in order to participate in any activities offered by UNCG Outdoor Adventures?  
☐ Yes ☐ No \_\_\_\_\_
  
18. **MEDICATIONS.** Please list all medications you are currently taking that might limit your participation in the activity.  
☐ Check box if taking NO medications  
\_\_\_\_\_  
\_\_\_\_\_
  
19. **ALLERGIES.** Please list all known allergies you have and describe reaction.  
☐ Check box if you have NO known allergies (please use additional sheets, if needed)  
\_\_\_\_\_  
\_\_\_\_\_

### PART IV – Disclosure

- I certify that this form is a complete and accurate statement of my, or my child/ward's, health. I realize omitting information or false information could result in serious harm to me or fellow participants.
- I believe that I am in good health, and affirm that my participation in UNCG Outdoor Adventures activities will in no way aggravate any present condition. The information provided here is subject to screening by UNCG staff and may require, at the discretion of UNCG Staff, further assessment and medical clearance from a physician prior to participate in the activity.
- I have had sufficient opportunity to read this entire document. I have read and have understood it. By signing below, I agree to be bound by its terms. I hereby warrant that I am 18 years of age or older or the parent or guardian of the minor with the legal authority to execute this consent.

Signature of PARTICIPANT: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of LEGAL GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant under age 18)