SHERUNZ - MEDICAL QUESTIONAIRE

Participant Name: _____
Date of Birth: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____

MEDICAL INFORMATION:

Do you currently, or have you in the past, ever had any of the following medical conditions:

- Heart disease
- Heart rhythm abnormalities
- Epilepsy or seizures
- Diabetes
- Asthma
- Lung disease
- Kidney disease
- Autoimmune disease
- Skin conditions
- Stroke or other nervous system disorder
- Recurrent or complicated migraines or take medicines to prevent them
- Blackouts or fainting
- Middle or inner ear disease including vertigo, severe motion sickness
- Joint or musculoskeletal disorders
- Allergies particularly allergic reactions to medication. Penicillin
- Any previous broken bones.
- Previous hospital admissions
- Previous surgeries
- Altitude sickness or dive sickness
- Significant head injury within the last two years

If you answered yes to any of the above, please provide further details.

_____
_____
_____
_____
_____

Are you taking any medications or have any current illness or injury that we need to be aware of?

_____
_____
_____
_____
_____

Do you have any dietary allergies?

_____
_____
_____
_____

Do you consent that you are fit, well, physically, mentally and emotionally to partake in the agreed SheRunz Retreat, accepting of physical, mental, emotional, environmental and cultural environs.

_____
_____
_____

Participant Name: _____
Signature: _____
Date: _____