

Florida Tech Challenge Course

Health Disclosure Form

Please read: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with a pre-existing medical condition. This information is to be confidential.

Question	Response	
1. Do you have any pre-existing medical conditions? If yes, please explain: _____	Yes	No
2. Are you currently taking any prescription or non-prescription medication? If yes, what are they and what are they for? _____	Yes	No
3. Do you have any heart conditions?	Yes	No
4. Do you have high blood pressure?	Yes	No
5. Do you have any allergies (food, bees, insects or medicines)?	Yes	No
6. Females only: Are you pregnant?	Yes	No
7. Do you foresee any problems participating in the upcoming Florida Tech Challenge Course activity due to a lack of physical ability or condition? If yes, please explain: _____	Yes	No
8. Do you feel any pressure or coercion from your employer or other members of the group to participate?	Yes	No
9. Do you have a disability? If yes, please indicate the functional implications and any concerns about your participation related to the disability: _____ _____	Yes	No
10. Describe your current level of physical activity: _____ _____		

In case of emergency, contact: _____ Phone: _____

Participant – please read and sign

I have honestly and fully disclosed to the staff any medical, psychological or personal information relating to my health. I will remember that a Challenge by Choice atmosphere exists at all times, and I should not feel pressured to participate.

Signature:

Date