

HAW RIVER CANOE & KAYAK COMPANY

MEDICAL INFORMATION SHEET

The Haw River Canoe & Kayak Company's activities can be strenuous and often offer exercise of a different nature than most participants usually experience. It is not intended that you engage in activities that would be detrimental to your health or which would be opposed by your doctor because of a recent illness, injury or surgery. If you have any questions regarding your participation in any activity with The Haw River Canoe & Kayak Company, please discuss it with your physician. Please complete the following information so that The Haw River Canoe & Kayak Company can be aware of potential problems and will be better able to help you safely enjoy the planned activities.

Name (first) _____ (last) _____

Address _____

City _____ State _____ Zip _____

Male _____ Female _____ Height _____ Weight _____ Age _____ PFD/Shirt Size _____

Emergency Contact _____ Phone # _____

Please check the appropriate column and answer the questions below.

YES	NO	Do you have or have you ever had?
		Allergies What type? _____
		Diabetes
		Heart Disease What type? _____
		Epilepsy
		Asthma
		High Blood Pressure
		Dislocations Where? _____
		Do you get cold easily?
		Do you smoke?
		Are you pregnant?
		Are you currently under a doctor's care? Why? _____
		Are you taking medication? What type? _____
		Are there side effects? _____
		Are you allergic to any medication? What type? _____
		Are you allergic to insect bites or stings? Do you carry medication? _____
		Any other conditions which might affect your health or well being or that of others? If so, what are they? _____
		Any limitation on your activities? Describe _____
		Do you exercise regularly? Describe _____

Describe your swimming ability _____

Describe your paddling experience _____

How would you describe your health? _____

Describe any special dietary requirements _____

Thank you for taking the time to complete this information. Please return this sheet as soon as possible. You should carry health and/or medical insurance, as The Haw River Canoe & Kayak Company does not have this type of insurance for participants.

You can mail the form to: Haw River Canoe & Kayak Co. • PO Box 22 • Saxapahaw, NC 27340, or press Send Form below.