

HEALTH & MEDICAL INFORMATION

The following information is for guide awareness of any concerns during the hunt and in case of emergency- to be able to represent you and your medical history to medical personnel

(Circle the appropriate answer and describe any **YES** answers.)

Have you had or do you currently have any heart problems (dates): _____

Do you frequently suffer from pains in your chest: _____ YES NO

Do you often feel faint or have spells of severe dizziness: _____ YES NO

Has a doctor ever told you that you have high blood pressure: _____ YES NO

Are you a smoker: _____ YES NO

Do you have any disabilities or chronic recurring illness: _____ YES NO

Are there any activities to be limited/discouraged by physician's advice: _____ YES NO

Are you allergic to any medicines, insects or pollen: _____ YES NO

Have you ever suffered a heat related illness (Heat cramps, exhaustion or Stroke) _____ YES NO

Do you have Epilepsy or suffer from seizures _____ YES NO

Do you have Diabetes: _____ YES NO

Are you currently sick and/or using a medication that's not listed above: _____ YES NO

Name of Physician _____

Physician's Phone _____

Date of last physical examination: _____

Do you carry family medical/hospital insurance: _____ YES NO

Carrier: _____

Policy Number: _____

Suggestions or health related information for LRO
personnel: _____

General Health Statement and any pertinent information needed for medical personnel awareness in
case of emergency: _____

REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all hunting activities except as noted. I understand that I must furnish complete information to include physician's reports if the conditions are detrimental to my health if not disclosed. There are no mental or physical problems or limitations associated with my participation in the recreational activities, which I have not disclosed in writing to LRO. I hereby give permission to LRO or its agents to provide emergency care, if needed, until transfer of care can be accomplished. I also give permission to medical personnel selected by LRO or its authorized agent, to order x-rays, routine tests and treatment for me in the event that I am unable to do so. I hereby give permission to the physician selected by LRO to order injections, anesthesia and/or surgery for me. Such authorization for emergency medical treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if LRO, or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the cost of any specialized means of evacuation and any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide with the restrictions placed on my hunting activities and rules set forth by LRO.

Signature: _____ Date: _____

Witness: _____ Date: _____