

Boundary Waters Advisory Committee Health and Medical Checklist



participant name		
participant phone	participant email	
crew leader name		
trip dates		

You signed the BWAC Activity Participant Agreement which includes a general description of trip activities and associated risks. This self-disclosed health checklist will be carried by your trip leader and will only be shared with emergency personnel in case of emergency. Trip leaders and BWAC will not retain this form and it will be returned to you following the trip. For the health and safety of you and your crew members, please answer the questions below honestly and completely. "Yes" answers will not cancel your participation. However, failure to disclose health conditions which become relevant during your BWAC trip could disqualify you from future trips.

Check "yes" or "no" for each item. Provide details in the space provided for all health concerns checked "Yes."

health concern	Y	N	health concern	Y	N
allergies (food)			respiratory problems		
allergies (other)			hypertension		
dietary restrictions			asthma		
over-the counter medications			diabetes		
prescription medications			hepatitis or other liver disease		
migraines or frequent headaches			genitourinary/gynecological; kidney disease		
joint or muscle injury or issues			gastrointestinal issues		
neurological problems, seizures, fainting			bleeding or blood disorder		
cardiac illness or cardiac risk factors			anxiety or depression		

Details for all "Yes" answers or any other medical issues that may be of relevance:

Have you had a fever, cough, or known exposure to any infectious disease in the past 14 days? Yes ___ No ___

Have you had a tetanus immunization within the past ten years? Yes ___ No ___

Emergency contact person

name	phone	relationship
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