RHLBC VOLUNTARY MEDICAL FORM

This information will only be released in the case of a medical emergency. Please print your name on the envelope, seal the completed form inside, sign across the seal and return to RHLBC.

PARTICIPANT'S NAME:	**DATE OF BIRTH:**
ONTARIO HEALTH CARD NUMBER:	**HOME PHONE #:**
STREET ADDRESS:	**CITY & POSTAL CODE:**
EMERGENCY CONTACT – NAME, RELATIONSHIP AND TELEPHONE #:	
FAMILY DOCTOR'S NAME AND TELEPHONE #	

1. Are you taking any medications? No □ Yes □ If yes, please complete the chart below:

Name of Medication	For What Condition	Dosage	When Do You Take It?

Check off YES or NO for each question. For YES answers provide an explanation.

2. Are you allergic to any of the following: If yes, list allergy and nature & severity of reaction.

a) medications No □ Yes □ _____

b) foods No □ Yes □ _____

c) insect bites No □ Yes □ _____

d) other _____

e) Are you anaphylactic and carry an epi-pen for any of the above? No □ Yes □

_____

3. Have you had a tetanus booster shot in the past 10 years? No □ Yes □ _____

4. Do you have asthma? No □ Yes □ If yes, do you take medications for your asthma? No □ Yes □

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5. Do you have diabetes or hypoglycemia? No □ Yes □ _____

6. Do you have high/low blood pressure, hypertension, cardiovascular disease/conditions (eg. angina, heart murmur) No □ Yes □ _____

7. Do you have a seizure disorder (eg. epilepsy) No □ Yes □ _____

8. Do you have problems with vision or hearing? No □ Yes □ _____

9. Do you have problems with high heat/humidity? No □ Yes □ _____

10. Do you have osteoporosis or osteopenia? No □ Yes □ _____

11. Have you had any serious illness? Do you have any ongoing medical issues? No □ Yes □

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