

Medical Form for Rainbow Sierrans Camping/Overnight Trip

Trip name and date: _____

We ask for this information so that our trip and hike leaders will know in advance of medical conditions you may have, rather than learning about them in a crisis. In the event of a serious injury or illness, this form provides emergency medical personnel with a useful medical history. After reviewing this form, the trip leader may contact you to discuss whether the trip will be safe and enjoyable for you. We keep the information on this form confidential. It will only be viewed by trip and hike leaders, medical personnel, or others who understand its confidential nature. This form will be returned to you or destroyed after the trip. Should you choose to not go on this trip, this form will be destroyed immediately. The outing may require vigorous activity such as extended hiking, and other physically and mentally demanding exertion in isolated areas without medical facilities, medical providers, or means of contacting rescue or medical personnel. You are strongly advised to consult your personal physician if you have any concerns about your ability to fully participate in the types of activities planned during this outing.

General Information

Participant's Name:		Address:		
Age:	Date of birth:	City:	State:	Zip:
Gender:		Emergency Contact:		
Height:	Weight:	Relationship:		
Participant's phone:		Emerg. Contact Phone:		

Medical Insurance Information

We strongly encourage you to have medical and (if appropriate) evacuation insurance and to bring your medical insurance card or other documentation along with you on the trip.

Company Name:	Policy Number:
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Allergies

Include allergies to food, insect bites and stings, medicines, animals, and the environment. (dust, pollen, etc.) Use a separate sheet if more space is needed.

Allergy	Reaction	Medication Required	Is your allergy serious or life-threatening?

Medications

Please list any medications that may affect you while on the trip, such as insulin, blood thinners, or an epi pen.

Medication Name	Dosage	Frequency	Side Effects	Reason Taken

Medical History

Do you have any conditions, issues, or limitations that might affect your participation on this trip? (Examples: diabetes, seizures, COPD, heart condition, vision, cognitive or neurological condition, recent injuries) *If yes, please explain:*

What is your swimming ability in deep water? Competent: Poor: Non-swimmer:

Have you had a tetanus shot within the last 10 years? Yes: No:

Date of most recent physical: _____

Coronavirus Addendum

The Sierra Club encourages everyone to be fully vaccinated and boosted.

Have you been fully vaccinated against COVID-19? Yes: No:

If within 2 weeks before your travel date you are diagnosed with COVID-19 or develop COVID-19 like symptoms, you will be required to cancel from the outing.

List of COVID-19 Symptoms (from CDC)

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting, or diarrhea

I certify that the information provided above is true, complete, and accurate.

Signature: _____ Date: _____