

**Student Recreation and Wellness RU Outdoors
MEDICAL SCREENING FORM**

Fill out this form to its fullest extent (front and Back). Please print clearly.

Today's Date: _____
MM/DD/YYYY

Name: _____ RU ID#: _____
First Last MI

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Height: _____ Weight: _____ Birthdate: ___/___/___ Age _____

Medical Insurance Carrier _____ Policy Number: _____

Person to Contact in case of an Emergency: _____

Telephone # of Emergency Contact: _____ Relationship to You: _____

Please list any dietary considerations: _____

Health Statement

Outdoor activities, by their nature, require physical exertion. Therefore all participants must indicate any medical or physical condition that might create special considerations for themselves or others. Furthermore, medical care may be many hours away in case of an emergency. Physical strength is not required: although being in good condition will increase your enjoyment of the activities. It is recommended that each participant receive a physical examination by a medical professional and carry adequate medical insurance before participating on any Department of Recreation and Wellness sponsored event.

1. What physical conditions or restrictions do you have which may limit your participation in this activity? (for women: including pregnancy): _____

2. Are you currently taking any medications? If so, what type and why do you take it? _____

3. Do you have allergies or reactions to any of the following: (please mark either yes or no by each)

Penicillin _____ Pollen _____ **Allergy: _____

Tetracycline _____ Bees or other Insects: _____ **Allergy: _____

Sulfa Products: _____ Food: _____ **Allergy: _____

Iodine: _____ Other: _____ (**please list) **Allergy: _____

If yes to any of the above please describe the type of reaction: _____

4. Do you carry an epinephrine pen? (circle one) Yes No

**if yes you are required to have this with you during RU Outdoors programs*

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5. Do you carry an inhaler or other breathing device? (circle one) Yes No
**if yes you are required to have this with you during RU Outdoors programs*

6. Do you regularly exercise? If so what activity(s) and how many times a week?

7. Rank your swimming ability/ comfort on a scale from 0-3 (0: cannot swim, 1: can float, 2: basic paddle / stroke, 3: very comfortable) _____
 Ranking (0-3)

8. Are there any past injuries, surgery, known family medical history or other conditions that might impact you on this trip? _____

9. Is there any other information the trip leaders should know which may affect your participation?

I understand the nature of the physical demands of this activity. I have noted above any medical or physical condition I have which may affect my participation. I therefore release any and all claims for damages against Radford University and all individuals instructing or conducting these activities, for any and all injuries, loss, or damage suffered by me during, or in any way connected with these activities. Furthermore, if I become ill or injured while participating on this trip, I hereby authorize properly trained RU Outdoors staff members to provide any needed medical care for me, to include the administration of epinephrine, for treatment of anaphylaxis, albuterol, prednisone, and other nonprescription medications as deemed medically appropriate or transport me to appropriate medical facilities.

Participant Signature: _____ Date: _____
 MM/DD/YYYY

Parent or Guardian Signature: _____ Date: _____
 (if under 18 years of age) MM/DD/YYYY

Office Use Only	
Initial Review: _____ Reviewer Initials	Date: _____ MM/DD/YYYY
Updated By: _____ _____	Date: _____ MM/DD/YYYY
_____	Date: _____ MM/DD/YYYY
Updated By: _____	Date: _____ MM/DD/YYYY
_____	Date: _____ MM/DD/YYYY
_____	Date: _____ MM/DD/YYYY