TORNGAT MOUNTAINS BASE CAMP & RESEARCH STATION
MEDICAL INFORMATION FORM

PARTICIPANT INFO:

Name:_____ Address: _____
Ph.home: _____ City:_____Prov/State:_____
Ph.work.:_____ Country:_____Postal/Zip Code:_____
Cell:_____ Fax: _____
Email:_____ Birth Date:_____
Age:_____ Male ☐ Female ☐ Height:_____Weight:_____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name:_____ Address: _____
Ph.home: _____ City:_____Prov/State_____
Ph.work.:_____ Country:_____Postal/Zip Code:_____
Cell:_____ Fax: _____
Email:_____ Relationship:_____

IN CASE OF HOSPITALIZATION

Are you covered by a public medical plan? Yes ☐ No ☐ Health Card #:_____
By which Province/State:_____
Do you have private insurance: Yes ☐ No ☐ Policy#:_____
With which company:_____ Company's Phone#:_____
Company's Address:_____ _____

MEDICAL HISTORY – Please provide details when applicable.

1. Give a brief statement of your general health:_____
_____
2. Do you have mental health problems that could affect your ability to participate in the trip? Yes ☐ No ☐
Details:_____
_____
3. Do you have or have you had, any past, serious or ongoing medical problems or conditions? Yes ☐ No ☐
Details:_____
4. Are you taking any medications? (List in details all medications and dosages and bring an extra week's supply)
Details:_____
5. Have you had any surgeries? (Give approximate dates and provide details.)
Details:_____
6. Are you allergic to any of the following? (Please list all allergies and describe nature and severity of reaction)

Medication? Yes ☐ No ☐ _____

Foods? Yes ☐ No ☐ _____

Insects Bites? Yes ☐ No ☐ _____

Other? Yes ☐ No ☐ _____

7. Do you have problems with vision or hearing? Yes ☐ No ☐
Details:_____
8. Do you have motion sickness? (describe severity) Yes ☐ No ☐
Details:_____

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9. Do you have high blood pressure? (describe) Yes ☐ No ☐
   Details:_____
10. Do you have heart murmurs; episodes of irregular heartbeat; shortness of breath or chest pain on exertion? (if so, describe symptoms) Yes ☐ No ☐
    Details:_____
11. Do you have asthma? If so, has the condition been stable for the past year? Yes ☐ No ☐
    Details:_____
12. Do you require a special diet? (If vegetarian, please list what you do not eat)? Yes ☐ No ☐
    Details:_____
13. Do you have claustrophobia, agoraphobia, acrophobia? (strong fear of confined places, open areas, heights)?
    Yes ☐ No ☐ Details:_____
14. Do you have problems with your neck, back, arms, ankles or knees that limit your exercise? Yes ☐ No ☐
    Details:_____
15. Have you had frostbite or a reaction to cold temperatures? (describe severity if so)? Yes ☐ No ☐
    Details:_____
16. Does your health prevent you from participating in any physical activities? Yes ☐ No ☐
    Details:_____
17. If you are over 30 years of age and any of the following conditions apply to you, we strongly suggest that you discuss with your physician the advisability of taking a stress electrocardiogram. Please check the following if applicable:

High blood pressure	Yes ____	No_____
Family history of heart disease	Yes ____	No_____
Overweight or obesity diabetes	Yes ____	No_____
Smoker	Yes ____	No_____
Long-term sedentary lifestyle	Yes ____	No_____
Previous cardiovascular disease	Yes ____	No_____

By signing this document, I consent to the collection, use and disclosure of the information provided in this form for the purpose of identifying any health concerns. I agree that such information can be shared with health care facilities and medical staff in the event of illness or injury. I consent in advance to receiving emergency first aid, anesthesia, surgery, hospitalization and other treatments which are necessary in the opinion of health professionals. I agree that my personal information can be retained for a reasonable amount of time after my trip.

The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my participation on a trip to Torngat Mountains National Park. I realize that failure to disclose such information could result in serious harm to myself and others.

Signed this _____ day of _____, 20____.

_____ _____
Participant Signature Participant Name (**Please print**)

_____ _____
Witness Signature Witness Name (**Please print**)

_____ _____
Signature of Guardian (**Participant is less than 19**) Guardian Name (**Please print**)

Please send this form to Janice Goudie by e-mail at basecamp@ngc-ng.ca, or by fax at 709.896.5834, or by mail at P.O. Box 1000 Stn. "B", Happy Valley-Goose Bay, NL, Canada A0P 1E0. Please call 1-855-867-6428 (Ext. 30) for assistance.