

## Confidential Medical History

### PART 1. GENERAL INFORMATION

This medical form helps us ensure a safe experience for you. If we have any questions about your ability to complete the trip, we will call and discuss it with you. If, after this discussion it is decided that it would be unwise for you to participate on that particular trip, we will either recommend a less strenuous trip or refund all payments made to us. Unfortunately, we cannot cover or refund costs of medical examinations or other expenses you incur preparing for a trip.

Name \_\_\_\_\_ Trip Name & Dates \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Prov /State \_\_\_\_\_

Country \_\_\_\_\_ Postal or Zip Code \_\_\_\_\_

Home telephone (    )                      Business Telephone (    )

Email \_\_\_\_\_

Age \_\_\_\_\_ Birthdate (M/D/Y) \_\_\_\_\_ Gender \_\_\_\_\_

#### **Person to be notified in case of illness or injury**

Name: \_\_\_\_\_ City \_\_\_\_\_

Prov /State \_\_\_\_\_ Country \_\_\_\_\_

Postal or Zip Code \_\_\_\_\_ Contact # (    )

Relationship \_\_\_\_\_

EACH PARTICIPANT IS RESPONSIBLE FOR ANY MEDICAL EXPENSES, INCURRED DURING THE TRIP, INCLUDING MEDICAL EVACUATION AND SHOULD BE COVERED BY THEIR OWN SICKNESS AND ACCIDENT INSURANCE. WE HIGHLY RECOMMEND THAT YOU TAKE OUT PRIVATE MEDICAL INSURANCE THAT WILL COVER YOU IN THE EVENT AN EVACUATION IS NECESSARY. YOU WILL BE RESPONSIBLE FOR THE COST OF ANY RESCUE OR EVACUATION.

In case of an emergency requiring hospitalization, answers to the following questions are required to be supplied in detail

1. Are you covered by a public/provincial medical plan?

By which province or state? \_\_\_\_\_ Health Card Number \_\_\_\_\_

2. Do you have other private medical insurance coverage?

Name of insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## **PART II. MEDICAL HISTORY**

To be completed by Applicant. Parent or Guardian must also sign this form, if Applicant is under 18 years of age.

Please note: If you arrive at the start of the trip with a pre-existing condition or injury which is not indicated on your medical form and you are subsequently requested to leave the trip because of this condition, you will be charged an evacuation fee, if applicable, and will not receive any refund. Please understand that this is to ensure your safety and the safety of the other trip members.

**IF YOU CHECK YES TO ANY QUESTIONS BELOW, PLEASE DESCRIBE DETAILS ON THE RIGHT SIDE OF THE PAGE.**

1. Give a brief statement of your general health

Height \_\_\_\_\_ Weight \_\_\_\_\_



Foods: Yes \_\_\_\_\_ No \_\_\_\_\_

Insect bites: Yes \_\_\_\_\_ No \_\_\_\_\_

Other: Yes \_\_\_\_\_ No \_\_\_\_\_

What medications are needed to control the reaction? \_\_\_\_\_

6. Do you have problems with vision or hearing? (Describe) Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you have motion sickness? (Describe severity) Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you have high blood pressure? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you have heart murmurs; episodes of irregular heart beat; shortness of breath or chest pain on exertion? (If so, describe symptoms)

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you have asthma? If so, has the condition been stable for the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Do you require a special diet? (If vegetarian, please list what you do not eat)?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Do you have claustrophobia, agoraphobia, or acrophobia? (Strong fear of confined places, open areas, heights)?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do you have problems with your neck, back, arms, ankles or knees that limit your exercise?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Have you had frostbite or a reaction to cold temperatures? (Describe severity if so)

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Does your health prevent you from participating in any physical activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. What is your current swimming ability?

Non-swimmer \_\_\_\_\_ Can swim at least 100 metres \_\_\_\_\_

Strong swimmer \_\_\_\_\_ Hold current lifesaving certificate \_\_\_\_\_

**It is strongly recommended that participants of any water based activities be able to swim at least 100 metres confidently while wearing a personal flotation device.**

17. Any person with normal physical and mental capacity can usually expect to complete a trip with us but preliminary conditioning is strongly advised. We reserve the right to decline any applicant whose physical condition is not suitable for the trip. Please describe in detail what you do routinely to maintain fitness (mention activities and frequency).

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18. 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 \_\_\_\_\_

Family history of heart disease \_\_\_\_\_

Overweight or obesity \_\_\_\_\_

Diabetes \_\_\_\_\_

Smoke one or more packs of cigarettes daily \_\_\_\_\_

Long-term sedentary lifestyle \_\_\_\_\_

Previous cardiovascular disease \_\_\_\_\_

Consent is hereby given for the applicant to participate on a trip to Torngat Mountains National Park and permission is given for any emergency first aid, anesthesia, operation, hospitalization or other treatment which might become necessary. I understand that the program involves physically and mentally strenuous activity in a remote wilderness area far removed from the facilities of civilization.

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 fellow participants and agree to indemnify and hold Torngat Mountains National Park Reserve, Parks Canada, Government of Canada, Nunatsiavut Government and Nunatsiavut Group of Companies harmless if all relevant information is not disclosed.

The collection and use of information in this form is subject to PIPEDA, Federal Private Sector privacy law. Any issues about the information collected should be directed to the Customer Experience Specialist. Each individual has the right to access his/her own information at any time, whether to correct/amend it or otherwise. Collected information will only be stored until the trip is complete, then it will be destroyed. Air Borealis is responsible to adequately safeguard the collected information. Information will not be shared with any third party that isn't required to deliver the services.

Name (please print)

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Date

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Applicants Signature

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Signature of Parent or  
Guardian if under 18