



GOLDEN GATE
SEA KAYAK SYMPOSIUM

Golden Gate Sea Kayak Symposium February 17th-19th, 2012

Confidential Health History

Please submit one form for each individual.

This information is being requested to help GGSKS coaches and staff better provide for first aid and emergency medical care, should the need arise. This information is considered confidential unless urgently needed. Please circle yes or no.

- Yes No Are you Hypoglycemic?
- Yes No Do you have Hemophilia?
- Yes No Are you Diabetic?
- Yes No Do you have high blood pressure or another heart condition?
- Yes No Do you have a lung disease or breathing disorder?
- Yes No Have you ever had a heart attack or Angina?
- Yes No Do you have any communicable or auto-immune diseases?
- Yes No Do you have any disabilities of the shoulders, wrists, back, hips, knees or ankles?
- Yes No Are you presently taking any prescription medications?
- Yes No Do you wear a Medic Alert Tag?
If so, for what condition(s)? _____
- Yes No Do you have any allergic reactions to drugs, foods, insects or other substances?
If so, to what? _____
- Yes No Are you currently under the care of a physician?
If so, for what? _____
- Yes No Is there anything else we should know about your physical or emotional condition?

Name (please print): _____ Date: _____

Signature: _____

In case of emergency, please notify:

_____ relationship: _____

Phone (daytime): _____ (evening): _____