



**MilfordFirst**  
UNITED METHODIST CHURCH

## Health Screening Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_

What is the present state of your general health? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health screening questions:

- |   |     |    |
|---|-----|----|
| 1. Has your doctor ever advised you against exercise?   | Yes | No |
| 2. Do you suffer from pains in your chest, at rest or during exercise?  | Yes | No |
| 3. Do you have any bone or joint problems that may be aggravated by exercise?                                   | Yes | No |
| 4. Are you pregnant or have recently had a baby?  | Yes | No |
| 5. Do you have any allergies?   | Yes | No |
| 6. Do you have asthma?  | Yes | No |
| 7. Do you suffer from high blood pressure?  | Yes | No |
| 8. Are you on any medication?   | Yes | No |
| 9. Have you had an operation recently?  | Yes | No |
| 10. To your knowledge, is there any health or medical reason that you should not participate in this adventure? | Yes | No |

To the best of my knowledge, the above information is accurate and complete

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you answered Yes to any of the above questions please explain below, and consult with your doctor before embarking on this wilderness retreat.**