

**Grand Canyon National Park
Vegetation Program
Confidential Health Questionnaire**

When complete, send to:
Grand Canyon National Park
Vegetation Program
PO Box 129
Grand Canyon, AZ 86023

As a part of our ongoing efforts to evenly match participants with each trip, we are asking all registrants to send their answers to the questions below when applying for trips. Your responses will remain confidential. Your participation is subject to our receipt of this form and approval by NPS staff or trip leader.

Physical Condition—Describe your regular exercise activities.

Backpacking Experience (if applying for a backpacking trip)—Please provide the following information about relevant outing experience in the last few years (particularly desert and high-altitude hiking): Dates and locations, distances hiked (total and longest day), total elevation gain and loss, and maximum weight carried.

Medical Information (please be forthright as you complete this section—for your protection and that of others)

1. Name _____
2. Trip Name _____ Dates: _____
3. Occupation _____
4. Contact Phone _____
5. Address _____
6. Emergency Contact _____ Relationship _____
Phone (day) _____ (eve) _____ Email _____
7. Are you covered by any hospitalization/care policy? Yes ___ No ___ Policy # _____
8. Insurance Company Name and Address _____
9. Does your insurance company require pre-authorization? Yes ___ No ___ If yes, phone # _____

ARE YOU CURRENTLY EXPERIENCING OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

	Yes	No
Heart Problems/ heart attack		
Chest pain/pressure		
Overweight		
Frequent shortness of breath		
Asthma/respiratory problems		
Frequent dizziness		
Frequent fainting		
High blood pressure		
Depression/ anxiety		
Diabetes		
Recurrent/ frequent headaches		
Ulcer/ stomach problems		
Urinary tract problems		
Musculo-skeletal problems		
Hepatitis		
Seizures		
Hospitalization/surgery (within the last year)		
Currently pregnant		
Other conditions we should know about		

10. For any boxes checked yes, please explain the severity and any medications or treatments you use to manage the condition.

11. List any allergies/anaphylaxes (including medications, foods, bites, and stings).

12. List any dietary needs or preferences and extreme dislikes (vegetarian, lactose intolerant, need coffee, etc.)

13 List all your current medications (including over-the-counter drugs – except those you have already mentioned in number 11). Conditions such as sun exposure and high temperatures or cold water immersion **may require a re-calibration of your current dosage**. We encourage you to **consult with your physician** if you are taking any medication. Please bring two (2) courses of your medication.

14 Your Signature _____ Date _____

The National Park Service will not share any of this confidential information. It will be used only to help trip leaders and NPS staff and will destroyed when the trip has been completed.