



Cho-Yeh Camp and Conference Center Health Statement

The proposed activity provided by Cho-Yeh Camp and Conference Center, requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities challenge you, and cause surges of blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risk to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in the experience, you should have a physical examination.

Name: _____ Date of Birth: _____
 Address: _____ Male Female
 City, State, Zip: _____ Age: _____
 Work Phone: _____ Home Phone: _____
 In an EMERGENCY, Please notify: _____
 Home Address: _____
 City, State, Zip: _____
 Work Phone: _____ Home Phone: _____
 Name of Physician: _____ Date of last exam: _____

Health History: (circle the appropriate answer and describe any YES answers)

Have you had or do you currently have any heart problems (dates)?	YES	NO
Do you frequently suffer from pains in your chest?	YES	NO
Do you often feel faint or have spells of severe dizziness?	YES	NO
Has a doctor ever told you that you have high blood pressure?	YES	NO
Are you a smoker?	YES	NO
Do you have arthritis, joint or back problems that might be aggravated by exercise?	YES	NO
Have you had any operations or serious injuries (dates)?	YES	NO
Do you have any disabilities or chronic recurring illness?	YES	NO
Are there any activities to be limited/discouraged by physicians advise?	YES	NO
Do you have Epilepsy?	YES	NO
Do you have Diabetes?	YES	NO
Do you have any prescribed meal plan or dietary restrictions?	YES	NO
Are you currently sick and/or using any medications that is not listed above?	YES	NO

(Note: If you have had any heart related problems or answered YES to any of the above questions you will need to have a release from a physician in order to go through a high elements training.)

Do you carry family medical/hospital insurance?
 Carrier: _____ Policy #: _____
 Suggestions or health related information for Cho-Yeh Staff: _____

General Health Statement: _____

Permission to Provide Necessary Treatment or Emergency Care:
 I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Participant: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Witness: _____ Date: _____