



ALPINE ENDEAVORS, LLC
 P.O. Box 58 Rosendale, NY 12472
 845-658-3094 www.alpineendeavors.com

Guide initials: _____
in Party: _____
Location: _____
MP PK StnMtn Ctskl Adk
Other: _____
MP Member: yes no
<small>This section to be completed by guide.</small>

HEALTH HISTORY

NAME _____ DATE: _____

WE REQUIRE FULL DISCLOSURE OF YOUR CURRENT HEALTH. THE INFORMATION YOU PROVIDE MAY ASSIST PEOPLE IN THE UNLIKELY EVENT OF AN ACCIDENT. THEREFORE, BEFORE YOU FILL THIS FORM OUT, PLEASE READ IT CAREFULLY; FULL AND ACCURATE COMPLETION OF ALL SECTIONS IS VERY IMPORTANT.

Gender: M or F Age: ____ years. Birthdate: _____

Home Address: _____ City: _____ ST: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Cell Phone: _____ Occupation (optional): _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

PLEASE LIST ALL INFORMATION REGARDING THE FOLLOWING:

Anaphylaxis/Allergies: No Yes - describe: _____

Musculoskeletal:injuries: No Yes - describe: _____

History of Heart Disease: No Yes - describe: _____

Seizures: No Yes - describe: _____

Diabetes: No Yes - describe: _____

Asthma: No Yes - describe: _____

Poor Vision or Hearing: No Yes - describe: _____

History of heat or solar injuries: No Yes - describe: _____

Are you taking any medications for any medical issues listed above?: No Yes - describe (why used, any side affects, etc): _____

For cold weather and mountaineering trips:

History of frostbite: No Yes - describe: _____

History of altitude illness: No Yes - describe: _____

Highest altitude reached: _____

Can you swim? No Yes - ability: _____

First Aid Training? No Yes - level: _____

Do you wear glasses/contact lenses? No Yes

Do you have dentures/false teeth? No Yes