



Ocean Eagle Kayak

Medical Information: (Check all that apply)

Heart disease____ Diabetes____ High blood pressure____ Asthma____ Epilepsy____
Allergies_____

Chest pain with physical exertion _____ Back problems _____ Dislocations _____ Are you pregnant? _____

Have you ever had a heart attack or stroke? _____ Are you currently under a doctor's care? _____

Dietary Restrictions:

Physical Limitations:

Please give a brief but accurate description of your general health and weekly activity level:

I affirm that my health is good and that the above information is accurate and complete.

Signature: _____ **Date** _____

Print: _____

In Case of Emergency:

Contact person's name: _____

Relationship: _____

Home phone: _____ Alternate phone: _____

Health insurance carrier _____ Policy number _____

Experience:

Approximately how many times have you paddled a kayak? _____

All information will be held in strict confidentiality.