



Reconnect with Nature & Yourself

Health Questionnaire

Date: _____

Full Name: _____ DOB: _____

Address: _____

email: _____

Phone: _____ Alt Phone: _____

Primary Care Physician: _____

Physician Phone number: _____

Medical Insurer _____ Group/Policy No _____

Emergency Contact: _____

Relationship: _____

Phone: _____ Alt Phone: _____

Does your doctor know you are going to participate in this program: Yes No

Does your emergency contact person know you will participate: Yes No

Do you wear a Medic-Alert Tag or any other marker of a medical problem? Yes No
If yes, please describe:

Do you have allergic or anaphylactic reactions to any insults, such as environmental substances, foods, drugs, insect bites or stings? Yes No

If yes, please describe, and let us know if you carry an Epi pen or other fast-acting medication:

If you walked on the level for a mile at an average pace would you get out of breath, have pains in the chest, develop muscle fatigue or have pains in your legs? Yes No

Describe your degree of fitness in your own words:

Do you have any other health-related disease, condition, or concern that program guides should be aware of? Yes No

If yes, please describe:

Signature

This information is accurate and complete. I agree to communicate fully with program instructors and Guides any health concerns that may arise. I give my permission to staff of the Association of Nature and Forest Therapy Guides to seek emergency medical diagnosis or treatment for me in the event that I am unconscious or unable to make my own decisions. I understand that should I need medical care for any reason while participating in this program the role of Guides will be limited to emergency first-aid and either transportation to the nearest medical facility or contacting such a facility to arrange emergency transport.

SIGNATURE: _____