

Muktuk Adventures Ltd.

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Confidential Medical History

PART 1. GENERAL INFORMATION

Please complete this form. This form helps us ensure a safe experience for you. If your ability to undertake the trip concerns us, we will discuss it with you. If, after this discussion it is decided that it is unwise for you to participate on that particular trip, we will either recommend a less intense trip or refund all payments made to Muktuk Adventures Ltd.. Unfortunately, we cannot cover or refund costs of medical examinations or other expenses you incur preparing for a trip.

Name _____

Address _____ City _____

Prov /State _____ Country _____ Postal/Zip Code _____

Phone, Home: (_____) _____ Business: (_____) _____

Email: _____

Age _____ Birth date (Month/Day/Year) _____ Male or Female (circle)

Each participant is responsible for any medical expenses incurred during the trip, including medical evacuation, and should be covered by their own sickness and accident insurance.

Answers to the following questions are required to be supplied in detail in case of an emergency requiring hospitalization, Please circle Yes or No:

1. Are you covered by a public/provincial medical plan? **Yes** **No**

 Health Card Number State/province

2. Do you have other medical insurance coverage? _____

Name of Insurance Company _____

Policy Number _____

Phone (_____) _____

Person to be notified in case of illness or injury:

Name _____

Address _____ City _____ Prov/State _____

Country _____ Postal/Zip Code _____

Phone, home _____ Business _____

Relationship _____

PART II. MEDICAL HISTORY

To be completed by applicant. If an applicant is under 18 years of age Parent or Guardian must also sign this form. Please note: if you arrive for a trip with a pre-existing condition or injury which is not indicated on your medical form and you are subsequently requested to leave the trip because of this condition, you will be charged an evacuation fee, if applicable, and will not receive any refund. Please understand that this is to ensure your safety and the safety of other trip members.

If you circle yes to any questions below, please provide details on the right side of the page.

1. Give a brief statement of your general health:

2. Height _____ Weight _____ Shoe Size _____

3. Do you have or have you had, any past, serious, or ongoing medical problems or conditions? **Circle Yes or No**

Yes No If yes describe: _____

4. Are you taking any medications? (list in detail all medications and dosages)

Yes No

If you take medications (including allergy or seizure medication, please bring an extra week's supply in separate, waterproof, unbreakable containers, with instructions.

5. Do you have problems with vision or hearing? **Yes No**

If Yes, describe:

6. Do you Smoke? **Yes No** If so, how much per day? _____

7. Do you have asthma? **Yes No**

8. Are you allergic to any of the following? (If you are please list all allergies and describe the nature and severity of reaction)

Medications: **Yes No** Foods: **Yes No**

Insect bites: **Yes No** Other: **Yes No**

What medications are needed to control the reaction? _____

9. Do you have high blood pressure? **Yes No**

If yes describe:

10. Do you have heart murmurs; episodes of irregular heart beat; shortness of breath or chest pain on exertion?

Yes No

If yes, please briefly describe symptoms: _____

11. Do you require a special diet? If Vegetarian, please tell us what you do NOT eat)

12. Do you have problems with your neck, back, or joints that limit your exercise? **Yes No**

13. Have you had frostbite or a reaction to cold temperatures? **Yes No**

If yes, please describe severity:

14. Does your health prevent you from participating in any physical activities? **Yes No**

15. Consent is hereby given for the applicant to participate on a trip with Muktuk Adventures Ltd. and permission is given for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary. I understand that the program involves physically and mentally strenuous activity in a remote wilderness area far removed from urban facilities.

16. The information provided above is a complete and accurate statement of the health factors which may affect my participation on a trip with Muktuk Adventures Ltd. I realize that failure to disclose such information could result in serious harm to myself and fellow participants and agree to indemnify and hold Muktuk Adventures Ltd. harmless if all relevant information is not disclosed.

Name (please print) _____

Date

Applicant's Signature

Signature of Parent or
Guardian if under 18