Deer Hill EXPEDITIONS
Mancos, Colorado

Cross-Cultural Service and Wilderness Expeditions in the American Southwest and Costa Rica since 1984

Accredited by the Association for Experiential Education

Personal Medical Form

Name: _____
Age: _____
Height: _____
Weight: _____

Physician's Name: _____
Physician's Address: _____

Physician's Phone: _____

Emergency Contact: _____
Name Phone Number

Do you have a history of treatment for any of the following? If yes, please explain.

	Yes	No
Respiratory Problems		
Allergies		
Asthma		
Do you smoke?		
Bleeding/Blood Disorder		
Cardiac Problems		
Diabetes		

	Yes	No
Neurological Problems		
Seizure Disorder		
Gastrointestinal Problems		
Dietary Concerns		
Urinary/Reproductive Tract		
Menstrual Problems		
Surgery		

	Yes	No
Strains/Sprains/Fractures		
Knee/Ankle Problems		
Back Problems		
Mental Health		
Learning Disorder		
Medications		
Others		

Explanations _____

Please list **all** current medications and their purpose _____

Date of last tetanus immunization _____

By signing:

1. I acknowledge that the health history provided is correct and true to the best of my knowledge.
2. I give permission to the medical personnel selected by Deer Hill, Inc. to order X-rays, routine tests, and treatment for myself, and, in the event I am unable to make coherent decisions, I hereby give permission to the physician selected by Deer Hill to hospitalize, secure proper treatment for, and to order injection(s) and/or anesthesia and/or surgery for myself.
3. This form may be copied for use out of camp.

Signature of Employee:_____ Date:_____