DATE_____ Khirbat Iskandar Expedition 2013

HEALTH AND/OR ACCIDENT INSURANCE POLICY NAME AND NO:_____

_____

MEDICAL FORM

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

TELEPHONE NO: _____

PERSON TO BE NOTIFIED IN EMERGENCY:_____

Name Relationship

_____

Address Telephone no./Email

PAST MEDICAL HISTORY:

List all illnesses (childhood & adulthood):

List all surgical procedures (childhood & adulthood):

List all medications and drugs regularly taken, past and present:

List all allergies, particularly dust, heat, food, insect stings or bites, sunburn, rashes, drugs, or medications:

Do you have stomach trouble or difficulties with food _____?

What is your tolerance to heat _____ to dust_____ to sun _____ to heavy physical exertion_____ to outdoor living _____ to primitive in-field sanitary conditions _____ to group living under field conditions _____?

HOW DO YOU ASSESS YOUR OWN PHYSICAL CONDITION? _____

DO YOU HAVE A HISTORY OF (Please circle):

Thyroid disease	Diabetes	Cardiac problems	Kidney problems
Menstrual disorders	Migraine	Respiratory problems	Kidney stones
Dizzy spells	Faintness	Emotional disturbances	Back trouble
Sleep problems	Hepatitis	Shortness of breath	Visual Difficulty
Headaches	Hernia	Bowel disturbances	Yellow jaundice
Chest pain	Worms		
Hearing problems	Rupture		