



University of Minnesota Center for Outdoor Adventure (COA) Health History Form

Center for Outdoor Adventure (COA) Trip Information

All COA trips may present physical and psychological challenges to the participant. The participant may be expected to exert physically for long portions of the day, carry loads between 10 and 60 pounds, endure drastically changing weather conditions, sleep outdoors in co-ed groups, and participate in camp chores. COA trips demand a high level of self sufficiency and personal responsibility. Participants should be free of any physical or mental conditions which may cause undue risk to themselves or the group. Good physical condition will increase a participant's enjoyment of the activities as well as the ability of the group to function together.

I. General Information

Name _____ Date _____
Age _____ Height _____ Weight _____ Gender _____

Eyewear

Contacts: Glasses:

Swimming Ability:

Strong Swimmer Moderate Swimmer Weak Swimmer Non-swimmer

Physical Fitness:

Please rate your level of fitness:

Excellent Good Average Below Average Poor

Do you exercise regularly? Yes No

Activity _____ Frequency _____

Duration/Distance _____ Intensity Easy Moderate Competitive

Activity _____ Frequency _____

Duration/Distance _____ Intensity Easy Moderate Competitive

Medical Insurance:

Medical insurance is strongly recommended.

Insurance company _____ Policy # _____

Emergency Contact:

Name _____ Relationship _____

Phone number _____

Do you use tobacco products of any kind? Yes No
If yes, please explain:

Do you have dietary preferences (i.e vegetarian) or food allergies of any kind? Yes No
Note: The Center for Outdoor Adventure (COA) cannot ensure that a participant will not come in contact with food allergens on a COA trip.
If yes, please explain:

Medications:

Are you currently taking any prescription medications? Yes No

Medication	Reason for Medication	Dosage and Time Structure

Mental Health:

Do you have any type of mental illness? Yes No
If yes, please explain:

Do you see a therapist for any reason? Yes No
If yes, please explain:

III. Disclosure

- I certify that the information provided in this Health History form regarding any physical or psychological condition which may affect my participation with the University of Minnesota Center for Outdoor Adventure (COA) is accurate and complete to the best of my knowledge.
- I recognize that failure to disclose information on this health history form may endanger myself and my group.
- I concede that a failure to disclose any condition on this form which may impact my participation with any COA activity is grounds to be banned from said activity with no refund.
- I recognize that disclosure of any condition on this form is not an immediate ground for dismissal from participation with COA. I authorize the COA staff in charge of the trip to contact me regarding any condition I volunteer and acknowledge that additional medical evaluation may be necessary to participate with COA. I will myself pay for all such procedures and documentation.
- I believe myself to be in good health and affirm that my participation in COA activities will not aggravate any present condition.
- I authorize COA staff to release this form to any medical professionals assisting me in case of injury or other medical emergency.

Name _____
Signature _____ Date _____

Parent/Guardian Signature if participant is under the age of 18:

Name _____
Signature _____ Date _____