



WILD EARTH JOURNEYS

MEDICAL FORM

Journey to Mongolia: Bunkhan Camp with Photographer Thomas Kelly and Upaya July 2-22nd 2010

To be prepared for medical emergencies during our time together, we require all participants to supply the following information. Although we treat this information as confidential, we will encourage you to share information about pre-existing conditions and any personal concerns with others in your group, so they can help you in the best way possible in any emergency.

NAME: _____

Age: _____ Height: _____ Weight: _____

Please circle any of the following which apply, giving details in the space provided, or on the back of this sheet:

Current medications: (since: _____/_____))

Allergies (including insect bites/stings):

Hypoglycemia: (since: _____/_____))

Susceptibility to headaches:

Hospitalized in the last year?

If yes, why?

Appendicitis: (date: _____/_____))

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Diabetes:

Epilepsy:

Heart problems/Blood pressure:

Kidney disease:

Back, knee or other joint injuries?

If yes, when?

Counseling history:

Other concerns:

Your degree of fitness (in your own words):

Dietary preferences: (e.g. Vegetarian/vegans)

Personal medications & remedies that you will be bringing:

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Health Insurance: _____

Group #: _____

Last medical visit (date and doctor):
(_____/_____) _____

Last medical check-up (date and doctor)
(_____/_____) _____

Last tetanus shot (date): (_____)

Your doctor: _____

Medical Group: _____

Hometown/Phone: _____

Contact in case of emergency: _____

Relationship: _____

Hometown/Phone: _____

Does this person know you are participating in this journey?
YES / NO

This information is accurate and complete. I agree to cooperate with Wild Earth Journeys to design my wilderness practice and pilgrimage with full consideration of my health history and health concerns.

Signed: _____

Date: _____

Name (print): _____