

**Animas Valley Institute - Confidential Health Questionnaire (version 12/09)**  
*(Please answer every question)*

Name:

Date of Birth:

Gender:

Height:

Weight:

Age:

Do you wear a Medic Alert Bracelet?

If yes, for what condition?

Have you ever had a heart attack?

If so, when?

(Please attach an explanation)

Do you have High blood pressure?

A heart Murmur?

Heart Disease?

Please list your blood pressure

and resting pulse rate if you know it:

Do you have any known allergies or sensitivities to insect bites or stings that could result in anaphylactic shock:  
If yes, please list or attach an explanation if needed.

Do you have any allergic reactions to any environmental substances, food or drugs?

If yes, please list or attach an explanation if needed.

Are you hypoglycemic or diabetic?

Specify:

Have you ever experienced a seizure of any kind?

If yes, please attach an explanation.

Do you have hemophilia?

Do you have any disabilities of the back, knees, hips or ankles?

If yes, please attach an explanation

Have you ever had a lung disease?

(asthma, emphysema, etc.) If yes, please attach an explanation

If you walked on the level for a mile at an average pace, would you get out of breath, have chest pain or leg pain,  
or develop muscle fatigue? If yes, please explain.

If you are under the care of a physician, does he/she approve of you engaging in this activity?

When did you last have your tetanus shot?

How would you rate your present degree of physical fitness?

Are you currently (or within the past two years) receiving treatment from a physician or other health care  
professional for any physical or psychological reason? If so, please explain.

Are you taking any prescribed medications at this time?  
which it was prescribed

If yes, please specify the medication & the reason for

Is there anything else you feel we should know regarding your physical/emotional condition and/or history to help us be of better  
service to you on your vision quest? Please specify:

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If you wish to sign this form with an electronic signature (type in your name below) and send it back to us via email, you agree  
that your electronic signature is your signed acknowledgement that you have read and agree to all of the stipulations listed above.

Signature:

Date: