UC SAN DIEGO RECREATION
OUTBACK ADVENTURES

Your Name_____
Please Print

Age_____

Organization _____

UCSD OUTBACK ADVENTURES
MEDICAL QUESTIONNAIRE
(For use with programs using the UCSD Odyssey Course or Leap of Faith)

Please read: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with a pre-existing medical condition or personal safety concern.

Questions	Response	
1. Do you have any pre-existing medical conditions?	Yes	No
If yes, please explain:_____		
2. Are you taking any current prescription or non-prescription medication?	Yes	No
If yes, what are they and what are they for?_____		
3. Do you have any heart conditions?	Yes	No
If yes, please explain:_____		
4. Do you have high blood pressure?	Yes	No
5. Do you have any allergies (food, bees, insects, and medicines)?	Yes	No
If yes, please explain:_____		
6. Do you foresee any problems participating in the upcoming Challenge Course activity due to a lack of physical exercise back home?	Yes	No
If yes, please explain:_____		
7. Do you feel any pressure or coercion from employer or others to participate?	Yes	No
8. Do you have a disability (physical, intellectual, emotional)?	Yes	No
If yes, please indicate the functional implications and any concerns about participation related to the disability. _____		

9. Describe your current level of physical activity:_____

_____

Zipline Weight Restrictions: The zipline hydraulic systems have a weight range of 75 to 275 pounds. Please speak with your Lead Facilitator if your weight falls outside of this range to discuss alternative options for exiting the course. Your weight does not impact your accessibility to the rest of the Odyssey High Course.

In case of emergency, contact:_____ Phone:_____
Medical Insurance (company and policy number):_____

Participant (or parent/guardian if participant is under 18 years of age) - please read and sign I have honestly disclosed to the staff any medical, psychological or personal information relating to my health and personal safety. I will remember that a "Challenge by Choice" atmosphere exists at all times and I should not feel pressured to participate.

_____   _____
Participant Signature   Date

_____   _____
Guardian Signature   Date

04/04