



ASI PHYSICAL & MEDICAL QUESTIONNAIRE

Name: _____ Course: _____

Today's Date: _____ Course Date: _____

For backcountry, overnight and extended tours we have compiled a physical and medical questionnaire. It is designed to provide information to your guide or instructor to help them make observations pertaining to the safety and well being of you and other members of your group. Please be as complete as you possibly can by filling out the information thoroughly. Thank you for your cooperation.

Birth date: _____ Weight: _____ Height: _____ Cell Phone: _____

Emergency Contact Person & phone numbers: _____

What is your physical condition?

If you need more reference, see ASI's [Physical Condition](#) description.

FAIR

GOOD

VERY GOOD

EXCELLENT

Describe your routine conditioning program: _____

MEDICAL CONDITIONS

Have you had any of the following complications?
Discuss the injury in detail and specify the approximate date.

Back injury _____

Shoulder dislocation _____

Hip injury _____

Knee injury or surgery _____

Ankle injury _____

Other _____

Do you have a history of any of the following? (specify date)

Epilepsy _____ Heart Disease _____

Diabetes _____ Other _____

Do you experience/have you had any of the following respiratory complications? (date)

Emphysema_____ Pneumonia_____

Asthma_____ Other_____

Please list any medications you are currently taking (please specify med and it's purpose)

Are you allergic to any of the following?

Codeine_____

Penicillin_____

Sulfa Drugs_____

Bee Stings? Do you carry medication? (please specify)_____

Food_____

Other_____

Have you had previous problems with high altitude? (please specify)

Have you experienced frost bite? (please specify)

Do you have a fear of heights or exposed places? If yes, to what degree?

Do you have any hearing problems?_____

Do you wear contact lenses?_____

Are you color blind?_____

Do you have any other medical or physical disorders that we should know about?

Thank you for your immediate response.