



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?<br>If yes, please explain: _____   | Yes | No |
| 2. Are you taking any current prescription or non-prescription medication?<br>If yes, what are they and what are they for? _____   | Yes | No |
| 3. Do you have any heart conditions?<br>If yes, please explain: _____  | Yes | No |
| 4. Do you have high blood pressure?  | Yes | No |
| 5. Do you have any allergies (food, bees, insects, and medicines)?<br>If yes, please explain: _____  | Yes | No |
| 6. Do you foresee any problems participating in the upcoming Challenge Course activity due to a lack of physical exercise back home?<br>If yes, please explain: _____                                  | Yes | No |
| 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)?<br>If yes, please indicate the functional implications and any concerns about participation related to the disability. _____<br>_____ | Yes | No |
| 9. Describe your current level of physical activity: _____<br>_____  |     |    |
| 10. Do you weigh over 75 pounds?   | Yes | No |

**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

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date