

please complete both sides!

Medical/Personal
Information
return to
Canyoneers, Inc
PO Box 2997
Flagstaff AZ 86003
fax 928-527-9398

The National Park Service REQUIRES Canyoneers to obtain full legal name (first, middle, and last), date of birth (month, day, & year), medical history, medications presently taking, and the reason for taking the medications from EACH participant. Canyoneers and its officers and employees do not screen prospective river passengers based on medical information provided. It is up to the prospective passenger and his/her physician to determine whether or not he/she is physically/mentally able to participate in a Grand Canyon river trip. All information is confidential and will in no way eliminate you from the river trip for which you are reserved. This information is required so we are aware of any potential health problem that might affect your experience on the river. Participants MUST DECLINE IN WRITING if they choose not to provide the medical information.

Personal Information — Please print carefully

Full Legal Name (first & last) as required by the National Park Service

Name _____ Date of Birth (m/d/y) _____

Trip type/length _____ Trip date _____

In accordance with the National Park Service "One Trip per Year" mandate, I certify I have not, nor will not, participate on more than one recreational river trip through any part of the Grand Canyon from Lees Ferry to Diamond Creek of the Colorado River this calendar year. _____ (please sign)

Nickname _____

Emergency Contact (relative/friend not on trip with you)

Address _____

Name _____

City _____

Relationship _____

St _____ ZIP _____ Ctry _____

Telephone (hm/wk) _____

Telephone _____

Physician's Name _____

e-mail _____

Physician's Telephone _____

Sex _____ Age _____ Hgt _____ Wgt _____ Chest measurement (for proper life jacket fit) _____ "

Please check all that apply to you

- I am vegetarian, but I eat poultry and/or fish (vegetarian meals NOT available at Phantom Ranch)
- I am a strict vegetarian
- no dairy products
- I have special physical accommodation needs (please attach specific details)
- I wish to have a separate tent for myself

Medical History (required by the National Park Service)

Please describe in detail, print carefully (attach separate paper if more space is needed)

Preexisting &/or chronic ailment(s) or disease(s)

Present medication (type, reason for taking)

Previous injuries/surgeries & year

Allergies (be specific)

signature _____ date _____

I DECLINE to provide the requested medical information as required by the National Park Service

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Medical History — Please mark all that apply

past present

- ADD, ADHD, Autism
- Mental Retardation
- Acrophobia
- Anxiety Reaction
- Allergic to bee stings/insect bites
- Amputee, body portion _____
- Anemia
- Arthritis/Osteoporosis or Joint Disorders
- Gout
- Asthma
- Emphysema
- Respiratory Disorder
- Tuberculosis
- Bleeding Disorders
- High Blood Pressure
- Low Blood Pressure
- Cancer, specify _____
- Leukemia
- Hodgkin's
- Cerebral Palsy
- Cystic Fibrosis
- Diabetes insulin required
- Hypoglycemic
- Epilepsy
- Glasses/Contacts
- Glaucoma
- Hearing Loss moderate severe, specify _____
- Heart Disorder, specify _____
- Angina
- Arrhythmia
- Stroke
- Hepatitis type _____
- HIV/AIDS/ARC
- Intestinal Disorders
- Ulcer
- Kidney Disease
- Migraines
- Multiple Sclerosis
- Paralysis, body portion _____
- Parkinsons
- Polio
- Pregnant
- Rheumatic Fever
- Sinus Condition/Allergies
- Sleepwalker
- Thyroid Disease
- Other, specify _____