

# Sevilla Island Resort

Box 2, Lund, BC  
Canada V0N 2G0  
Ph: 604-414-6880 Fax: 604-414-6881

## MEDICAL SAFETY FORM

The information that you provide in this form will be kept confidential, will only be used by Sevilla Island Resort guides during your stay, and will be destroyed upon your departure from the Resort.

The information you provide in this form is vital in that it will enable guides and instructors to reduce the risk of injury or illness complications, as well as aiding in the preparation of contingency plans in the unlikely event that an emergency does occur. Withholding information may compromise the care provided and may contribute to injury or illness complications.

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_

Postal/ZIP Code \_\_\_\_\_ Phone(H) \_\_\_\_\_ Phone(W) \_\_\_\_\_

Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Medical Insurance Plan and ID#(\*): \_\_\_\_\_

\*provide information only on plan providing coverage in BC

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_

Postal/ZIP Code \_\_\_\_\_ Phone(H) \_\_\_\_\_ Phone(W) \_\_\_\_\_

### Health Information

How would you rate your general health? Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Do you engage in regular physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how often and what kind of activity? \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*nicotine impairs cardiovascular performance and compromises your ability to stay warm in a cold environment. Your comfort on the trip will benefit from reduced smoking prior to the trip.*

How much coffee do you drink daily? \_\_\_\_\_

*\*sudden reduction can produce serious discomfort; gradually reducing consumption to only morning and evening drinks prior to the trip will prevent withdrawal discomfort while on the trip.*

How would you rate your swimming ability? Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Do you wear; Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

*\*if you depend on corrective lenses, please bring a spare pair in case of loss or damage; eye irritation may prevent the use of contacts so spare glasses with a strap are recommended*

Do you have any physical limitations that could impair your capability to participate in activities at the Resort?

\_\_\_\_\_

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Do you have any psychological limitations that could impair your capability to participate in activities at the Resort (i.e. fear of water, heights etc.)? \_\_\_\_\_

Do you have any dietary restrictions? \_\_\_\_\_  
*\*very important in menu planning*

Do you have any extreme food dislikes? \_\_\_\_\_  
*\*very important in menu planning*

Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, what is your due date \_\_\_\_\_

Please list any allergies you have and their associated reactions and treatment medications \_\_\_\_\_

Please list any medications, prescription and non-prescription, that you are currently taking \_\_\_\_\_

*\*check expiry date and bring a spare supply*

Please list any medical conditions or illnesses (i.e. high blood pressure, heart conditions, seizures, HIV+, diabetes, hypoglycemia, emphysema, asthma, hay fever, raynauds, migraines etc.) \_\_\_\_\_

Are you susceptible to headaches, seasickness, nosebleeds, fainting, colds, sinus problems etc? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes please describe \_\_\_\_\_

Have you been under a Doctor's care in the last 12 months? No \_\_\_ Yes \_\_\_ If Yes please describe \_\_\_\_\_

Do you have any digestive problems (i.e. do you use antacids, laxatives etc. on a regular basis)? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes please describe \_\_\_\_\_

Do you have any back problems? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes please describe \_\_\_\_\_

Do you have any history of joint injury (i.e. sprains, dislocations, tendonitis, bursitis etc.)? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes please describe \_\_\_\_\_

Do you use anti-inflammatory drugs to control joint inflammation)? No \_\_\_\_\_ Yes \_\_\_\_\_ type \_\_\_\_\_

Date of you last tetanus inoculation or booster \_\_\_\_\_

## Declaration

"I hereby declare that I have honestly disclosed all of the information requested in the above questions, and I understand that withholding information may contribute to injury or illness complications, and possible the care provided in the event of an emergency.

If any of the above information changes prior to, or during, the trip, I will immediately notify the guide or instructor"

Date \_\_\_\_\_

Signature \_\_\_\_\_

If the participant is under 19 years of age, a parent or guardian must sign.

Print name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_