THOMPSON RIVERS UNIVERSITY

Field Trip Medical Questionnaire

Course: _____ Semester: _____ Instructor: _____

To be completed by the participant at the start of the semester.

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
_____	Email: _____

Emergency Contacts: (Person(s) to be notified in case of emergency)

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Relationship:	Relationship
I consent to TRU disclosing to the above person(s) personal information about me including medical information	

Medical History:

1. Give a brief statement of your general health.

2. Do you have any present medical problems? ☐ No ☐ Yes – Describe

3. Are you taking any medications? ☐ No ☐ Yes

4. Do you require a special diet? (If vegetarian, list what you do not eat.) ☐ No ☐ Yes

5 Do you suffer from severe headaches, dizziness or fainting? ☐ No ☐ Yes

6. Do you have seizures? List medications and dosages. ☐ No ☐ Yes

7. Are you allergic to any of the following?
(Please list all allergies and describe nature and severity of reaction.)

a.	Medications	☐ No	☐ Yes – Describe
b.	Foods	☐ No	☐ Yes – Describe
c.	Insect bites	☐ No	☐ Yes – Describe
d.	Other	☐ No	☐ Yes – Describe

8. Do you carry an Epi-pen? ☐ No ☐ Yes – Why?

9. Do you have asthma? ☐ No ☐ Yes

If yes, what triggers your asthma?

Has it been stable for the past year? ☐ No ☐ Yes

Do you take medication for your asthma? ☐ No ☐ Yes

10 Do you have any phobias such as claustrophobia, agoraphobia, acrophobia? (strong fear of confined spaces, open areas, heights, snakes) ☐ No ☐ Yes - Describe

11. Do you have problems with your neck, back, arms, ankles or knees that limit your activities? ☐ No ☐ Yes - Describe

12. Do you have diabetes, hypoglycaemia, thyroid trouble or other endocrine problems? ☐ No ☐ Yes - Describe

13. Do you have any other medical conditions (other than those listed those listed)? ☐ No ☐ Yes

As a result, are there any special precautions or procedures that may be required.? ☐ No ☐ Yes - Describe

Participant Name: _____ Date: _____
Please Print

Participant Signature: _____

I have read this completed form:
Instructor Name: _____ Date: _____
Please Print

Instructor Signature: _____