please complete both sides!

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/ Medical Information

return immediately to

Canyoneers, Inc
PO Box 2997 ~ Flagstaff AZ 86003
fax 928-527-9398 or email answers@canyoneers.com

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 & date)**

Preferred name _____

Address _____

City _____

St _____ **ZIP** _____ **Ctry** _____

Telephone _____

e-mail _____

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

Name _____

Relationship _____

Telephone (hm/wk) _____

Physician's Name _____

Physician's Telephone _____

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

signature _____ **date** _____

over please

please complete both sides!

Name (wish to go by) _____ **Trip type/length** _____

Date of Birth (m/d/y) _____ **Trip date** _____

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 need gluten free**
- ❒ **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)

_____

_____

_____

_____

Previous injuries/surgeries & year

_____

_____

_____

_____

Present medication (type, reason for taking)

_____

_____

_____

_____

Allergies (be specific)

_____

_____

_____

_____

Medical History—Please mark all that apply

past	present	
	❒	ADD, ADHD, Autism
	❒	Mental Retardation
❒	❒	Acrophobia
❒	❒	Anxiety Reaction
❒	❒	Allergic to bee stings/insect bites
		❒ I will bring my own epi pen
	❒	Amputee, body portion _____
❒	❒	Anemia
❒	❒	Arthritis/Osteoporosis or Joint Disorders
		❒ moderate ❒ severe, specify _

past	present	
❒	❒	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 _____

over please