

Grinnell Outdoor Orientation Program Medical Form

Please answer the following questions honestly. While we can not guarantee complete confidentiality with what you disclose here, we will do our best to be sensitive to what you share.

Name _____ Grinnell E-mail _____

In emergency, contact (name) _____
(home phone #) _____ (work #) _____ (cell#) _____

Please tell us about any allergies you have including allergies to bee stings, food and medications.

Do you have any pre-existing physical injuries or health concerns? Include diabetes, cardiac problems, back problems, vision problems, etc.

Are you currently being treated for depression or any other mental health problems?

Are you taking any medications (include non-prescription)?

Do you have any foods you do not eat such as red meat, any meat, dairy, etc.?

Please describe your swimming ability.