

Vision Quest
Health Information Form

All participants must submit a completed Health Information Form to participate in our program

Name: _____ Sex: _____ Age: _____

Address: _____

Suburb: _____ Postcode : _____ State: _____

Home Phone Number: () _____ Mobile: _____

Name of Person to contact in case of an emergency: _____

Business/Home/Mobile Numbers: _____

Health History (Please give approximate dates)

Heart Condition _____ Diabetes _____ Seizures _____ Asthma _____ HIV _____

Operations or serious injuries (dates)

Chronic or recurring Illness

Are you currently taking, or at any time during the last five years been taking, medication for mental disorders? Eg stress, depression, spiritual emergency, anxiety, bipolar, schizophrenia, etc Please name the medication, dosage and reason:

Immunization History (please give approximate dates)

Tetanus* _____ TB _____ Polio OPV _____ Smallpox _____

Measles _____ Mumps _____ * We recommend that you have a Tetanus booster current

Current Medication (please give name, dosage and purpose of medication)

Are you a smoker? YES / NO Please note smoking is not permitted on the Quest for safety reasons.

Have you recently given up alcohol? YES / NO If yes when did you stop? _____

Is there a possibility, if you are a woman, that you may be pregnant? Not Applicable YES / NO

Diet – Do you have any medical allergies that are serious? YES / NO If yes please provide details:

The food used to break the fast includes vegetables, fresh fruit and diary eg yogurt, milk, etc. We recommend you eat a hearty meal on your return to replenish electrolytes, even if you don't feel hungry.

Our medical areas of concern have to do with allergies, heart condition, blood pressure, contagious illnesses, and seizures. Please explain in detail if you have any of these conditions or any other that may be of concern in a wilderness situation.

The vision quest does not require physical strength. Although this program is supportive and extremely nurturing, personal growth is often emotionally demanding. If you consider yourself to be emotionally unstable or fragile at this time, you may wish to postpone your enrolment to a later date. Please feel free to call me to discuss any concerns you may have.

If you had not had a medical check up in the last two years, we recommend that you do so before participating.

I, _____(participant's name) confirm

- That I have read and understood the above information;
- I have disclosed all material information, as required by me, in this form;
- All information I have provided is true and correct;
- All reasonable methods have been used to inform me of the personal risks involved in the program
- Having understood and appreciated the personal risks involved and complied with the preparation given to me, I will participate in the program accepting full responsibility for this decision and from the consequences arising from it.

Signature of Participant

Date