

## PARTICIPANT/VOLUNTEER/STAFF MEDICAL INFORMATION

To help us respond in case of a medical emergency, please answer the questions below in the spaces provided. This information will be kept confidential and will be discarded at the end of the Spring Term, 2007, of Diamond Mountain University. Many classes and events will be held on the Diamond Mountain property, which is remote, rugged, and not close to any medical services. There are no medical care facilities at Diamond Mountain, and Diamond Mountain University will not provide medical treatment other than the most basic first-aid.

**Please print legibly!**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Do you have any physical limitations or health restrictions? (Please specify.)
2. Do you have any known allergies to foods, insects, medication, etc.?
3. Are you under a physician's care for physical or mental illness?
4. Do you take any medication for an existing condition? (Please specify.)
5. Do you have any significant medical history that would compromise your safety, or your ability to volunteer at Diamond Mountain?

Asthma

Heart disease

Immune deficiency

Communicable diseases (i.e., hepatitis)

Other:

6. Date of last tetanus booster: \_\_\_\_\_