The Backpacker's Field Manual

FITNESS AND HEALTH INFORMATION FORM

FIRST NAME_____ **LAST NAME** _____

HEIGHT: _____ **inches** **WEIGHT:**_____ **pounds**

CURRENT PHYSICAL CONDITION: Please check **only one** box to rate your current physical fitness level. (See Assessing Physical Condition at www.backpackersfieldmanual.com for information on how to calculate a physical fitness score from this information).

I. I don't participate regularly in programmed recreation sport or physical activity:	
❑	Avoid walking or exertion (e.g. always use elevator, drive whenever possible instead of walking)
❑	Walk for pleasure, routinely use stairs, occasionally exercise sufficiently to cause heavy breathing or perspiration.
II. I participate regularly in recreation or work requiring modest physical activity, such as golf, horseback riding, calisthenics, gymnastics, table tennis, bowling, weight lifting, or yard work:	
❑	10 to 60 minutes per week
❑	Over one hour per week
III. I Participate regularly in heavy physical exercise (such as running or jogging, swimming, cycling, rowing, skipping rope, running in place) or engage in vigorous aerobic type activities (such as tennis, basketball, or handball).	
❑	Run less than one mile per week or spend less than 30 min per week in comparable physical activity.
❑	Run 1 to 5 miles per week or spend 30 to 60 min per week in comparable physical activity.
❑	Run 5 to 10 miles per peek or spend 1 to 3 hours per week in comparable physical activity.
❑	Run over 10 miles per week or spend over 3 hours per week in comparable physical activity.

CURRENT EXERCISE ACTIVITY: Do you exercise regularly? ❑ No ❑ Yes If yes, list any physical activities or sports you engage in, times per week, duration, and level of intensity.

Activity	Times/Week	Approximate Time/Distance	Level of Intensity
			❑ Leisurely ❑ Moderately ❑ Intensely
			❑ Leisurely ❑ Moderately ❑ Intensely
			❑ Leisurely ❑ Moderately ❑ Intensely

SWIMMING ABILITY: ❑ **Nonswimmer** ❑ **Poor** ❑ **Fair** ❑ **Good** ❑ **Very Good**

CURRENT HEALTH STATUS: Please indicate if you have any medical conditions or physical disabilities that could interfere with or limit your participation in the trip. If you are unsure, explain the trip to your physician and ask for his/her advice. *(None of these will necessarily prohibit your participation, but for your own safety, we must be aware of such conditions.)* If you answer yes to any of the questions below, please specify in detail section below, indicating the item number. All information is kept strictly confidential. Attach additional sheets if necessary.

1. Hearing or Vision Problems (do not include wearing glasses or contacts)	❑ Yes ❑ No
2. Respiratory Problems (do not include minor ones)	❑ Yes ❑ No
3. Back Problems	❑ Yes ❑ No
4. Joint Problems (e.g. knees, ankles, hips, etc.)	❑ Yes ❑ No
5. Serious Illness or Hospitalizations in last year.	❑ Yes ❑ No
6. Surgeries in last 6 months	❑ Yes ❑ No
7. Heart Problems or High Blood Pressure	❑ Yes ❑ No
8. Serious Reaction to High or Low Temperatures	❑ Yes ❑ No
9. Frequent Muscle Cramps?	❑ Yes ❑ No
10. High or Low Blood Sugar	❑ Yes ❑ No
11. Seizure Disorders	❑ Yes ❑ No
12. Anemia, Bleeding tendencies or Traits	❑ Yes ❑ No
13. Psychological or Emotional Problems	❑ Yes ❑ No
14. Other	❑ Yes ❑ No

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Item #	Detailed description (include restrictions, if any). Add a separate sheet if necessary

ALLERGIES: Please indicate any allergies you have (medications, foods, etc.), your allergic reactions, and any medication required.

Allergies (check if applicable, write in others)	Reaction	Medication Required (if any)
Insect stings (bees, wasps, etc.) ❑ Yes		
Iodine or Shellfish Allergy ❑ Yes		

DIETARY RESTRICTIONS OR FOOD ALLERGIES: (Please indicate specific dietary restrictions: vegetarian, kosher, lactose intolerant, etc.)

MEDICATIONS: Please indicate any medications you are currently taking (other than allergy medications), for what condition, and whether you will need to take it during the trip. *If you need to take medication during the trip, be sure you have an ample supply.*

Medication	Condition	Do you need this during the trip?
		❑ Yes ❑ No
		❑ Yes ❑ No
		❑ Yes ❑ No
		❑ Yes ❑ No