

DON DUNCAN'S
Alaska Private Guide Service
299 Alvin Street
Fairbanks, AK 99712
907-457-8318

MEDICAL AND PHYSICAL CONDITION INFORMATION FORM

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ OCCUPATION: _____
AGE: _____ HEIGHT: _____ WEIGHT: _____
HUNTING EXPERIENCE: _____

I, _____, (CLIENT) AS LAWFUL CONSIDERATION FOR CONTRACTING ALASKA PRIVATE GUIDE SERVICE FURNISH THE FOLLOWING MEDICAL, HEALTH AND DIETARY INFORMATION TO OUTFITTER WHICH I STATE TO BE TRUE AND CORRECT, AND ACCEPTING RESPONSIBILITY FOR FAILURE TO DISCLOSE ANY CONDITION OR NOT FULLY STATING SUCH CONDITION. I UNDERSTAND THAT I MUST FURNISH COMPLETE INFORMATION TO INCLUDE PHYSICIAN'S REPORTS IF THE CONDITIONS WOULD OTHERWISE BE CONSIDERED TO BE DETRIMENTAL TO MY HEALTH IF NOT DISCLOSED. I WILL ATTACH OTHER SHEETS IF NECESSARY TO FULLY DISCLOSE MY CONDITION(S).

HAVE YOU EVER HAD OR BEEN DIAGNOSED AS HAVING HEART OR CORONARY ARTERY DISEASE? _____ YES
_____ NO. IF YES, DESCRIBE ANY LIMITATIONS ON ACTIVITIES, MEDICATIONS OR OTHER RELEVANT INFORMATION: _____

DO SUFFER FROM HIGH BLOOD PRESSURE? _____ YES _____ NO. IF YES, DESCRIBE ANY LIMITATIONS ON ACTIVITIES, MEDICATIONS OR OTHER RELAVANT INFORMATION: _____

HAVE YOU EVER BEEN EXPOSED TO HIGH ALTITUDE: _____ YES _____ NO. HAVE YOU EVER HAD ALTITUDE SICKNESS: _____ YES _____ NO IF YES PLEASE DESCRIBE THE SYMPTOMS: _____

ALLERGIES (INCLUDING ALLERGIC REACTIONS TO SPECIFIC MEDICATIONS) OR OTHER PHYSICAL CONDITIONS THAT REQUIRE SPECIAL ATTENTION OR MEDICATION: _____ YES _____ NO. IF YES, DESCRIBE CONDITION AND/OR MEDICATION: _____

DIETARY RESTRICTIONS: _____

DO YOU SUFFER FROM ANY CONTAGIOUS BLOOD, KIDNEY OR INTESTINAL DISEASES OR INFECTIONS? _____ YES _____ NO. IF YES, PLEASE EXPLAIN: _____

ANY OTHER CONDITION THAT REQUIRES TAKING OF DAILY MEDICATIONS OR CARRYING OF SPECIAL MEDICATION OR EQUIPMENT? _____ YES _____ NO IF YES, DESCRIBE THE CONDITION, MEDICATION, OR EQUIPMENT REQUIRED, ANY RESTRICTIONS CAUSED BY THE SAME AND ANY SPECIAL INSTRUCTIONS NEEDED BY THE OUTFITTER: _____

I understand that prescriptions will be hard if not impossible to fill; so I will bring all my own personal prescribed medication in sufficient quantities for my stay including weather delays.

SIGNATURE _____ DATE _____