

**QUEST Participant and Group Leader
HEALTH INFORMATION FORM**

To better meet your needs during your trip, we ask that you complete this health form, give it to your Group Leader, and they will bring it to QUEST. Please be as descriptive and complete as possible. THANK YOU!

NAME _____

DATE OF BIRTH _____

PERMANENT _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

PERSON TO NOTIFY IN CASE OF EMERGENCY _____

Relationship: _____

TELEPHONE NUMBER (INCLUDE COUNTRY) _____

Do you have any of the following health problems?

If yes, please elaborate in the space provided or on back.

___ ALLERGIES – WHAT:

___ HAVE YOU HAD ANY RECENT SURGERY

___ HEART PROBLEMS

___ HIGH BLOOD PRESSURE

___ KIDNEY DISEASE

___ ASTHMA

___ MUSCLE OR JOINT PROBLEMS

___ OTHER

___ DIABETES

___ ANY CHRONIC ILLNESS – what:

Are you taking any medications at this time? If yes, please elaborate: