HIDDEN RIVER OUTFITTERS
RECONNECT WITH THE OUTDOORS

Post Office Box 310
Schwenksville, PA 19473
(610) 287-7401
www.hiddenriveroutfitters.com

CONFIDENTIAL HEALTH QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESITONS:	**Yes**	**No**
Do you wear a medic-alert tag? If so, what for?		
Do you have any allergic reactions to drugs, food, insects, etc…? Please describe:		
Are you hypoglycemic?		
Are you diabetic?		
Have you ever had a heart attack or angina?		
Do you have high blood pressure or other heart condition?		
Do you have hemophilia?		
Have you ever had a lung disease or breathing disorder?		
Do you have any disabilities of the back, hips, shoulders, knees or ankles?		
When you walk for a mile at an average pace, would you get out of breath or experience any other discomfort or pain?		
Do you have any communicable of auto-immune diseases?		
Are you presently taking any medication?		
Are you presently under the care of a physician? If so, for what?		
Is there anything else we should know about your medical, physical or emotional condition?		

In the event of an emergency, please notify:

_____ _____ _____
Name Relationship Phone number

_____ _____ _____
Signature Print Name Date

Address:_____ e-Mail:_____

CONFIDENTIAL