

C E N T E R F O R
ORGANIZATIONAL
ADVANCEMENT
OF ROGERS MEMORIAL HOSPITAL

MEDICAL DISCLOSURE / HEALTH HISTORY FORM

*** We require full disclosure of your current health ***

NAME OF GROUP: _____ DATE OF GROUP: _____

PARTICIPANT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: DAY: () _____ EVENING: () _____

GENDER: _____ MALE _____ FEMALE _____ DOB: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____

PHONE: DAY: () _____ EVENING: () _____

PHYSICIAN NAME: _____ PHONE: () _____

MEDICAL POLICY: _____ NUMBER: _____

Are you under 18 years old? YES NO

If YES, you need to have a parent/guardian signature on the *Assumption of Risk/Registration* before participating.

Participants from your group can photograph and/or videotape you during your experience? YES NO

Rogers Memorial Hospital can photograph and/or videotape you during your experience? YES NO

If YES, we may use for promotional needs.

Media/Press can photograph and/or videotape you during your experience? YES NO

(Media representatives must notify Rogers Memorial Hospital's staff at least 3 days prior to your event. It is our policy to provide all media with an escort to assure client confidentiality. We will make sure that there is a staff member available to answer the media's questions and assist in setting up unique and successful photo opportunities.)

Is your weight 275 lbs. or above? YES NO (If YES, high element participation may be limited).

Are you allergic to bee stings, medications or anything you would like us to be aware of? YES NO UNKNOWN

If YES, please explain _____

Do you have any physical concerns that would prevent you from participating? YES NO

If YES, please explain _____

Do you need assistance from us in setting your own physical limits? YES NO

If YES, what would you need from us to assist you with setting your own limits? _____

**Participants with a history of heart problems or high blood pressure are at risk while participating in Experiential Activities due to the emotional and physical demands involved. At other adventure programs, there have been instances where individuals with pre-existing heart conditions have suffered heart attacks and even death. Rogers Memorial Hospital cannot guarantee your physical safety should you choose to participate. RMH asks that all participants that have these types of problems consult their personal physician prior to participation.*

**If you are pregnant and wish to participate, be aware that Experiential Activities often involve twisting, turning, lifting, supporting body weights, unexpected physical contact and the potential of falling from various heights. By participating in these activities while you are pregnant, you will put yourself and your unborn child at risk and in potentially dangerous situations. Should you decide to participate, RMH cannot guarantee the safety of you or your unborn child. If you are pregnant and wish to participate, RMH asks you to consult your physician.*

I have read the Rogers Memorial Hospital, Center for Organizational Advancement's Medical Disclosure / Health History Form and fully understand it without a question. The information I have provided is accurate to the best of my knowledge.