

**MEDICAL RELEASE FORM**  
**Kaysville Utah Haight Creek Stake Pioneer Trek**  
**August 13-16, 2012**

To be completed by a medical doctor.

Participant's Name: \_\_\_\_\_

Note to Physician: The person being evaluated will participate in a Pioneer Trek activity. He/she will help push or pull a heavily loaded handcart over varying terrain for a total of 30 miles in two days. Please review the Health History portion of his/her registration form and evaluate his/her ability to participate in this activity.

**PHYSICAL EXAMINATION:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Explain:

<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	Asthma	_____
<input type="checkbox"/>	Epilepsy or Seizures	_____
<input type="checkbox"/>	Emotional problems requiring medication	_____
<input type="checkbox"/>	Fainting Spells	_____
<input type="checkbox"/>	Ulcers medication	_____
<input type="checkbox"/>	Rheumatic Fever	_____
<input type="checkbox"/>	Major bone or joint injuries	_____
<input type="checkbox"/>	High Blood Pressure	_____
<input type="checkbox"/>	Surgery or serious illness	_____
<input type="checkbox"/>	Heart trouble	_____
<input type="checkbox"/>	Diabetes	_____
<input type="checkbox"/>	Hypoglycemia	_____
<input type="checkbox"/>	Other medical conditions	_____

**List all medications currently taking:**

Name	Dose (mg/mcg)	Frequency (times per day)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Limitations (explain as needed):

None

Activity Restrictions \_\_\_\_\_

\_\_\_\_\_

Doctor's name (print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_