

Mythic Adventures Medical History form (rev. 2/17)

Date _____

Name _____ Age _____

Address _____

Phone Number _____

Person to notify if something happens to you _____

Phone Number of person to notify is something happens to you _____

Allergies (medications, foods, and serious environmental allergies, include reaction and if you carry an epi-pen)

Chronic medical/health conditions (problems for which you been diagnosed by a doctor, nurse, homeopathic practitioner, etc., such as high blood pressure, auto-immune disorders, migraines, depression, etc.)

Temporary medical conditions (pregnancy, sprained ankle, concussion, etc.)

Previous medical conditions (You used to have it, but grew out of it, had surgery to fix it, etc.)

Medications, herbal supplements, vitamins (any thing that you take that was prescribed for you or that you take that was prescribed for someone else, or that wasn't prescribed but the guy at the store or a website said was good for you, or that you bought from a guy on the street or that is available over the counter)

Surgeries (did it involve a scapel, laser, removal or addition of material in your body? If it did, it's a surgery. Did it happen during your lifetime? It counts.)

Is there anything else the first responders need to know when we find your unconscious body in the woods and pin this sheet to your shirt as they haul you away?