



Placencia Ecology Tours

CONFIDENTIAL MEDICAL HISTORY

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Do you wear a medical alert tag? Yes No
If so, what for? _____

Do you have allergic reactions to any food, drugs, insects, plants, or other substances? Yes No
Please explain: _____

Are you hypoglycemic? Yes No

Are you diabetic? Yes No

Have you ever had a heart attack or angina? Yes No

Do you have high blood pressure or other heart condition? Yes No
Please explain: _____

Do you have hemophilia? Yes No

Have you had a long disease or breathing disorder? Yes No
Please explain: _____

Do you have any disabilities of the back, hips, shoulders, knees, or ankles? Yes No
Please explain: _____

Are you presently taking any prescription medication? Yes No
If yes, what type? _____

Are you presently under the care of a physician? Yes No
If so for what condition? _____

Rate your swimming ability:
Non Swimmer Beginner Intermediate Advanced

IN CASE OF EMERGENCY, PLEASE CONTACT: NAME: _____ PHONE NUMBER: _____

Local Address/Contact Info:
