

**Nurture Through Nature Confidential Medical Information Form**  
**PART I General Information (please print clearly)**

Retreat Name and Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Blood Type \_\_\_\_\_

Address \_\_\_\_\_ Home Phone(    ) \_\_\_\_\_

\_\_\_\_\_ Cell Phone(    ) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone(    ) \_\_\_\_\_

Occupation \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Phone(    ) \_\_\_\_\_

**Person to notify in illness, accident, or emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Day Phone(    ) \_\_\_\_\_ Evening Phone(    ) \_\_\_\_\_ Other(    ) \_\_\_\_\_

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**PART II Medical Information**

Allergies (list any medications, foods, insects, poison ivy, etc., and describe reactions) **NONE** \_\_\_\_\_

ALLERGEN                      REACTION(What happens?)                      MEDICATION REQUIRED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you carry a Bee Sting Kit or any other medication to treat your allergy? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain \_\_\_\_\_

List any medication you currently take, including psychiatric, mental health and over-the-counter meds.

**NONE** \_\_\_\_\_

MEDICATION&dosage    CONDITION                      CURRENT SIDE EFFECTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What happens if you do not take these meds? \_\_\_\_\_

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**(Please pack meds in 2 separate packages so that staff can keep spare.)**

Please List Current Exercise Activity: **NONE** \_\_\_\_\_

ACTIVITY                      FREQUENCY                      TIME/DISTANCE                      PACE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVER**

**PART III HEALTH PROFILE**

List any hospitalizations and/or emergency room visits within past year.

Has anyone in your family died suddenly or had a heart attack before age 50? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain conditions under which that occurred \_\_\_\_\_

Please check any of the following which apply to you now or have arisen in the past year:

- |   |   |
|---|---|
| <input type="checkbox"/> severe allergic reactions                      | <input type="checkbox"/> low blood sugar/hypoglycemia                     |
| <input type="checkbox"/> asthma   | <input type="checkbox"/> bone/joint problems                              |
| <input type="checkbox"/> bronchitis                                     | <input type="checkbox"/> low back problems                                |
| <input type="checkbox"/> high blood pressure                            | <input type="checkbox"/> obesity  |
| <input type="checkbox"/> tuberculosis                                   | <input type="checkbox"/> hernia   |
| <input type="checkbox"/> shortness of breath                            | <input type="checkbox"/> depression                                       |
| <input type="checkbox"/> glasses, contacts, or hearing aids             | <input type="checkbox"/> diagnosed emotional/mental disorders             |
| <input type="checkbox"/> impaired sight, hearing, speech                | <input type="checkbox"/> anxiety disorders                                |
| <input type="checkbox"/> infectious disease (i.e. hepatitis, mono, etc) | <input type="checkbox"/> PTSD   |
| <input type="checkbox"/> currently pregnant                             | <input type="checkbox"/> severe headaches                                 |
| <input type="checkbox"/> heat stroke or heat exhaustion                 | <input type="checkbox"/> any other injury, illness, disability, condition |
| <input type="checkbox"/> heart murmur                                   | <input type="checkbox"/> dizziness/disorientation/fainting/poor balance   |

If you have checked any of the above conditions, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Nurture Through Nature staff reserves the right to seek appropriate written medical clearance from your health care providers/therapist prior to your participation in any retreat. Nurture Through Nature reserves the right to deny participation due to lack of medical clearance based upon the physical requirements and remote location of the retreat when appropriate.**

**PART IV: Do I need a Physical Examination Form before my retreat?**

**If you check any of the following, you will need to request a Physician's Exam Form from NTN to be completed by your physician, physician's assistant or nurse practitioner. The physical exam must have been taken within 6 months of the trip start date. Please mail the completed Physician's Exam form attached to this completed form no later than 30 days prior to trip start date.**

- |  |  |
|--|--|
| <input type="checkbox"/> resting heart rate over 100   | <input type="checkbox"/> currently experiencing chest pain and/or pressure     |
| <input type="checkbox"/> blood pressure higher than 150/90   | <input type="checkbox"/> heart disease past or present                         |
| <input type="checkbox"/> abnormal heart murmur   | <input type="checkbox"/> fainting/dizziness/poor balance                       |
| <input type="checkbox"/> seizure disorder (physician must confirm you have been seizure-free for one year) |  |
| <input type="checkbox"/> diabetes  | <input type="checkbox"/> I would prefer my physician's advice to participation |

Is there anything else that Nurture Through Nature should know that may affect your participation?

\_\_\_\_\_  
\_\_\_\_\_

**IV. Signature** I have completed this medical form as accurately and completely as possible. In the event of an accident or illness, I understand that professional medical treatment facilities and telephone access is likely to be a significant distance from our location. I grant permission for any necessary medical interventions to be offered by Nurture Through Nature staff and appropriate medical facilities where warranted. I also understand that Nurture Through Nature does not provide medical insurance or travel insurance, therefore it is my responsibility to be covered by a personal insurance policies. In the event of an accident or illness while participating on a retreat with Nurture Through Nature where evacuation and medical treatment is required, I am responsible for all expenses incurred for any transportation and medical treatment to the nearest medical facility. If I arrive at the start of the program with a pre-existing condition or injury which is not indicated on medical forms and I am subsequently forced to leave the program because of that condition, I may be charged an evacuation fee and will not receive a refund.

Signature of participant

Date

Please promptly return completed medical form to:  
Nurture Through Nature, 77 Warren Rd., Denmark, Maine 04022

