

**MPRA Sojourn Health Form**

Trip date: Sept. 8-9, 2007

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: F / M Home phone: \_\_\_\_\_

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

email: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

Office phone number: \_\_\_\_\_

**Insurance company:** \_\_\_\_\_

Policy # or ID \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

phone: \_\_\_\_\_ cell: \_\_\_\_\_

**Health history**

1. Check any allergies participant may have and briefly describe the reaction:

Insect stings/bites \_\_\_\_\_ seafood \_\_\_\_\_  
Asthma (allergy induced) \_\_\_\_\_ hay fever \_\_\_\_\_  
food (wheat, nuts) \_\_\_\_\_ penicillin \_\_\_\_\_  
other \_\_\_\_\_

2. Check below if participant currently has or has had any of the following:

<i>Condition</i>	<i>past</i>	<i>currently has</i>	<i>Condition</i>	<i>past</i>	<i>currently has</i>
Heart defect/disease	___	___	epilepsy	___	___
Diabetes	___	___	Bleeding/Clotting		
Hypertension	___	___	Disorders	___	___
Asthma	___	___			
Other					

3. Do you have a current tetanus shot? Yes No Date of shot \_\_/\_\_/\_\_

4. List current medications or other medical information on the back. (Please let trip partner know if there are any special instructions for administering them during trip.