

OUTDOOR CONSULT

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OUTDOOR CONSULT
UNTERNEHMENSBERATUNG.

Health information

OUTDOOR CONSULT wishes you an experiential and safe stay in the agreed outdoor region or on the high ropes course. To minimize the risk of any delays for adequate medical care in case of an emergency, please fill out this form. The information given by you will exclusively be accessible for the OUTDOOR CONSULT trainer in charge (or by medical care personnel). This form will be destroyed after this event.

Last name: _____ **First name:** _____

Address: _____

Phone: _____ **Age:** _____

Whom to inform
in case of an emergency: _____

Allergies: _____

Illnesses or medication
that might influence your performance: _____

Allergies against certain medication: _____

Last tetanus vaccination: _____

For Women: Are you pregnant?

yes	no
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Are you dealing with any of the following health concerning problems?

yes	no	Epilepsy
yes	no	Cardiac disorder, pacer...
yes	no	Asthma
yes	no	Diabetes
yes	no	Blackout, dizziness
yes	no	Hypertonia, hypotonia
yes	no	Fractures, torn or ruptured ligaments...
yes	no	Back problems
yes	no	Joint problems
yes	no	Muscle problems
yes	no	Other:

Please explain briefly the items you marked "yes":

Date _____

Signature _____