

# Ground Up Climbing Guides

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## Health Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Generally speaking, are you in good health today? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had health issues relating to any of the following (circle )

Anaphylaxis or severe allergies

Heart disease or other heart issues

Asthma

Joint or bone issues

Seizures

Diabetes

Please explain issues relating to any of the above that you circled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any prescription medication? \_\_\_\_\_

If so, will you have it with you on the date of your outing with Ground Up? \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Phone \_\_\_\_\_