Sea Kayak Guides Alliance of BC
Participant Medical Information

The Sea Kayak Guides Alliance of BC practical guide assessments (Level One Guide, Assistant Overnight Guide, Level Two Guide, Level Three Guide) may take place in a wilderness setting without immediate access to medical facilities. These practical assessments involve sometimes strenuous activity, including but not limited to: towing other kayaks, performing capsize recoveries in cold water, surf landings/launches, paddling in currents over 2 knots, paddling in winds over 15 knots. For your safety during these assessments, and for examiner awareness and/or incident response, we ask that you complete this questionnaire and return it before your practical assessment. This information will remain confidential with the exception of allergy information, medical conditions, or joint injuries that may be shared with other participants for your own or their safety – this will only happen with your verbal permission and in consultation with you. We may contact you for further information about any noted medical conditions or medications. IT IS YOUR RESPONSIBILITY TO INFORM US IF ANYTHING STATED ON THIS QUESTIONNAIRE CHANGES BEFORE THE START OF YOUR PRACTICAL ASSESSMENT.

1. Exam date: _____

2. Name(s): _____ Date of Birth: _____
Address: _____ City: _____ Prov/State: _____ PC/Zip: _____
Tel (home): _____ (bus.): _____ Fax: _____ email: _____

3. Swimming ability: ☐**Excellent** ☐**Above Average** ☐**Average** ☐**Poor**
Certifications? _____

4. Do you have any medical conditions or history that might affect your health or the well-being of others on this practical assessment: ☐**Yes** ☐**No**
Please specify:_____

5. Has there been any change in your health in the past year that may affect your ability to participate in this practical assessment: ☐**Yes** ☐**No**
Please specify:_____

6. Please indicate the appropriate response and describe where applicable:

☐**Yes** ☐**No**	Allergies to the environment? If yes, describe:
☐Yes ☐No	Allergies to any food? If yes, describe:
☐Yes ☐No	Allergies to any medications? If yes, describe:
☐Yes ☐No	Are you currently under a doctor's care? If yes, describe:
☐Yes ☐No	(Female only) Are you pregnant?
☐Yes ☐No	Asthma
☐Yes ☐No	Epilepsy/Seizure Disorder
☐Yes ☐No	Back problems
☐Yes ☐No	Diabetes
☐Yes ☐No	Heart disease

☐Yes ☐No	High blood pressure
☐Yes ☐No	Do you get cold easily?
☐Yes ☐No	Do you smoke?

7. Do you currently take any prescription or non-prescription medications? ☐**Yes** ☐**No**
Please specify:_____
(If currently taking medication, or if you carry medication for a condition, e.g., asthma, angina, diabetes,… we highly recommend that you ensure your prescription is up-to-date, that you bring double the necessary supply, and that you store it in waterproof containers in two separate locations among your belongings or with one of your examiners).

8. When was your last Tetanus immunization? _____ (year) *(require a booster if it's been more than 10 years since your last one)*

9. Person to contact in case of Emergency:

_____ _____ _____
Name Telephone home/work Relationship

10. Health Card #:_____ **(province/state?)**_____

Doctor: _____ _____ _____
Name Telephone # Location/City