



Eskakwa EcoAdventure Company Inc.
Cabin Falls Ecolodge

MEDICAL FORM

Please complete this form and return it to cabinfallstemagami@gmail.com or Cabin Falls Ecolodge, 1141 Crawford St. Rosseau, ON. P0C 1J0

1. Name: _____ . Trip Name & Date: _____ .
2. Height: _____ . Weight: _____ . Sex: _____ . Age: _____ .
3. Evaluate your level of health: Fair: ___ Good: ___ Excellent: ___ Don't know: ___ .
4. Evaluate your physical fitness level: Fair: ___ Good: ___ Excellent: ___
5. Do you have any heart conditions? Yes: ___ No: ___ Explain if yes: _____ .
6. Please list any medication(s) you are currently taking and for what purpose:
_____ .
7. Do you wear a Medical Alert? No: ___ Yes: ___ . If yes, what for? _____ .
8. Please list any allergies: _____ .
9. Describe any physical limitations: _____ .
10. List any dietary restrictions: _____ .
11. Do you wear contact lenses? No: ___ Yes: ___
12. Are you prepared to permit Eskakwa Eco-Adventure Inc. to provide to you reasonable first-aid treatment that it deems appropriate under the circumstance? No: ___ Yes: ___ .
13. Please record your Health Card number for our records:
Card number: _____ . Province or state: _____ .

I agree that I have answered the above Medical Form to the best of my ability and that I am fully responsible for my own well-being and physical condition while taking part in the above-named expedition and/or Cabin Falls Retreat.

Signature: _____ .

If you have any physical limitations, medical conditions or illnesses that may limit your participation during the trip, please have your doctor give remarks with respect to your participation in this expedition or retreat and having read the trip information package.

Remarks: _____ .

Doctor's Name: _____ . Doctor's Signature: _____ .

Doctor's Phone Number (for emergency purposes): _____ . Date: _____ .