

DATE _____ **Khirbat Iskandar Expedition 2019**
HEALTH AND/OR ACCIDENT INSURANCE POLICY NAME AND NO: _____

MEDICAL FORM

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

TELEPHONE NO: _____

PERSON TO BE NOTIFIED IN EMERGENCY: _____
Name Relationship

Address Telephone no./Email

PAST MEDICAL HISTORY:

List all illnesses (childhood & adulthood):

List all surgical procedures (childhood & adulthood):

List all medications and drugs regularly taken, past and present:

List all allergies, particularly dust, heat, food, insect stings or bites, sunburn, rashes, drugs, or medications:

Do you have stomach trouble or difficulties with food _____ ?

What is your tolerance to heat _____ to dust _____ to

sun _____ to heavy physical exertion _____ to

outdoor living _____ to primitive in-field sanitary conditions

_____ to group living under field conditions _____ ?

HOW DO YOU ASSESS YOUR OWN PHYSICAL CONDITION? _____

DO YOU HAVE A HISTORY OF (Please circle):

Thyroid disease Diabetes Cardiac problems Kidney problems

Menstrual disorders Migraine Respiratory problems Kidney stones

Dizzy spells Faintness Emotional disturbances Back trouble

Sleep problems Hepatitis Shortness of breath Visual Difficulty

Headaches Hernia Bowel disturbances Yellow jaundice

Chest pain Worms

Hearing problems Rupture