Medical Statement and Release

TO BE COMPLETED BY ALL PARTICIPANTS

PART A: **GENERAL INFORMATION**

Name of Registrant:____

Last Name First Name Middle Name

____

Home Address:

____

City Province Postal Code Country

Daytime Phone: ______________________ Evening Phone: _________________________

______________________________ _______________________________

Date of Birth (dd/mm/yyyy) Provincial Health Card #

Passport #: _________________________

Out of Country Medical Information:
Insurance Company and Policy Number:____

____

Note: Should medical treatment be required beyond the One Family / DBI Medics, participants must personally cover the cost of treatment received. A receipt will then be issued and used to apply for reimbursement from the participant's own health insurance policy.

In Case of Emergency, Please Notify:

Name: _________________________________ Relationship: _________________________

Daytime Phone: ______________________ Evening Phone: _____________________________
Allergies:
Drugs: _______________________________Food: ____________________________________

Other: ____

Medications: ____

Do you have any present or past conditions or injuries that may affect your ability to participate in the One Family Dragon Boat Israel Experience 2013?

____

____

Do you have any of the following: Please circle YES (Y) or NO (N)

EPILEPSY	Y / N	HEART CONDITION	Y / N
ASTHMA	Y / N	DIABETES	Y / N
Do you wear glasses:	Y / N	Do you wear contacts:	Y / N

Other: ____

Any health information that the organizers should be aware of:

____

MEDICAL INFORMATION

YES NO

☐ ☐ 1. Has your doctor ever said that you have a heart condition and that you should only engage in physical activity when recommended by a doctor?

☐ ☐ 2. Do you feel pain in your chest when you do physical activity?

☐ ☐ 3. In the past month, have you had chest pain when you were not doing physical activity?

☐ ☐ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

☐ ☐5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your level of physical activity?

☐ ☐6. Are you currently taking any prescriptions for high cholesterol, your blood pressure or a heart condition?

☐ ☐7. Do you know of any other reason why you should not engage in strenuous physical activity?

☐ ☐8. Do you currently smoke (tobacco) 1 or more times per week?

☐ ☐9. Do you engage in less than 30 minutes of moderate physical activity most days of the week?

☐ ☐10. Are you currently pregnant?

☐ ☐11. Are you aware of any other medical reason why you should not participate in the Dragon Boat / One Family Israel Experience?

___I certify that the above information is correct to the best of my knowledge

Signature:______________________________Date_______________________

THIS IS MY MEDICAL CLEARANCE FORM SIGNED BY A PHYSICIAN THAT WILL ALLOW ME TO PARTICIPATE IN THE ONE FAMILY FUND DRAGON BOAT ISRAEL EXPERIENCE 2013. I HEREBY AUTHORIZE THE ORGANIZERS OF THE ONE FAMILY DRAGON BOAT ISRAEL EXPERIENCE TO RELEASE MY MEDICAL INFORMATION TO THE MEDICAL SUPERVISOR OF THE EVENT AND TO ANY THIRD PARTY GIVING TREATMENT TO ME, AT THE SOLE AND ABSOLUTE DISCRETION OF THE ORGANIZERS.

____ ____________________

Signature of Participant Date

If you answered "YES" to any of the above Medical Questions, please continue with Part B; If all answers are "NO" please continue below.

TO BE COMPLETED BY A PHYSICIAN

I hereby certify that the above information is correct. I understand that:

- the hike portion of the trip is at times physically demanding and requires the participant to be extremely agile, fit and in superior cardio-condition
- the terrain can be steep and narrow and some areas may have a significant elevation gain.
- Dragon Boat racing requires basic cardio, endurance, strength and agility. At times participants may have to be able to carry a backpack weighing approximately 10-15 lbs. containing two litres of water and other necessities in possible extreme heat.
- The hiking trail may not be accessible by ambulance and in case of extreme emergency, a helicopter would airlift the patient to the nearest hospital.

By signing this form you are confirming that your patient can handle the challenges described above. I hereby certify that the above information is correct to the best of my knowledge and that the Participant /Volunteer (name)______________________________ is medically capable of participating in the 2013 DRAGON BOAT ISRAEL / ONE FAMILY EXPERIENCE.

Any additional comments: ____

____

Physician's Name: ____

Physician's Address:____

Office Phone:______________________ Office Fax:________________________

____________________________________ ____________________________________
Physician's Signature Date

____
Medical Stamp

PART B:

Following is a checklist of medical conditions, based on responses to the questions on page 3, to help identify individuals who might be at medical risk and therefore should not participate in the One Family Fund Cross Israel Hike.

To the physician: Please check all that apply

	Absolute Contraindications	**Relative Contraindications**	**Special Prescriptive Conditions**
Cardiovascular	__aortic aneurism (dissecting) __aortic stenosis (severe) __congestive heart failure __crescendo angina __myocardial infarction (acute) __myocarditis (active or recent) __pulmonary or systemic embolism-acute __thrombophlebitis __ventricular tachycardia and other dangerous dysrythmias (e.g. multi-focal ventricular activity)	__aortic stenosis (moderate) __subaortic stenosis (severe) __marked cardiac enlargement __supraventricular dysrhythmias (uncontrolled or high rate) __ventricular aneurysm __hypertension-untreated or uncontrolled severe (systemic or pulmonary) __hypertrophic cardiomyopathy __compensated congestive heart failure	__aortic (or pulmonary)stenosis-mild angina pectoris and other manifestations of coronary insufficiency (e.g. post-acute infact) __cyanotic heart disease __shunts (intermittent or fixed) __conduction disturbances -complete AV block -left BBB Wolff-Parkinson-White Syndrome __dysrhthmias-controlled __fixed rate pacemakers __intermittent claudication __hypertension: systolic 160-180; diastolic 105+
Infections	__acute infections disease (regardless of etiology)	__subacute/chronic/recurrent infectious diseases (e.g., malaria, others)	__chronic infections __HIV
Metabolic		__uncontrolled metabolic disorders (diabetes mellitus, thyrotoxicosis, myxedema)	__renal, hepatic & other metabolic insufficiency __obesity __single kidney
Lung			__chronic pulmonary disorders __obstructive lung disease __asthma __exercise-induced bronchospasm
Musculoskeletal			__low back conditions (pathological, functional) __arthritis-acute (infective, rheumatoid; gout) __arthritis-subacute __arthritis-chronic (osteoarthritis and above conditions)

			__orthopaedic __hernia _osteoporosis or low bone density
CNS			__convulsive disorder not completely controlled by medication __recent concussion
Blood			__anemia-severe (<100 Gm/l) __electrolyte disturbances
Medications			__antianginal __antihypertensive __antiarrhythmic __anticonvulsant __beta blockers __digitalis preparations __diuretics __ganglionic blockers __others
Other			__post-exercise syncope __heat intolerance __temporary minor illness __cancer

To be completed by a physician:

I hereby certify that the above information is correct to the best of my knowledge, and advise that Participant/Volunteer

Name ____ ___should ___should NOT

participate in the Dragon Boat / One Family Israel experience.

Any additional comments:____

____

Physician's Name:____

Physician's Address:____

Office phone:___________________________________Office fax:____

Physician's signature____Date_____________________________

Medical Stamp:____