

**New England Regional Ski For Light  
PERSONAL HEALTH HISTORY**

MEDICAL INSURANCE IS NOT PROVIDED FOR PARTICIPANTS.  
YOU ARE RESPONSIBLE FOR ACCIDENT/ILLNESS COSTS  
INCURRED DURING THE PROGRAM.

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Are you covered by any health/medical insurance? (Y/N):

**Name of Health insurance Co.** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

Does your insurance company require pre-authorization prior to treatment?  
(Y/N):

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Have you had any chronic or serious illnesses? (Y/N):

If "YES" explain:

Do you have any medicine or food allergies? (Y/N):

If "YES" please explain:

Please list any medication you take. Include the name, dosage, dosage schedule and the reason you take the medication (e.g. Hydrochlorothiazide 50 mg twice a day for high blood pressure):

Please indicate if you have a history of:

- pneumonia (Y/N)
- epilepsy (Y/N)
- bronchitis (Y/N)
- frequent headaches (Y/N)
- asthma (Y/N)
- fainting/dizziness (Y/N)
- emphysema (Y/N)
- bursitis/tendinitis (Y/N)
- high blood pressure (Y/N)
- arthritis (Y/N)
- angina (Y/N)
- back pain (Y/N)
- rapid/irregular pulse (Y/N)
- balance problems (Y/N)
- chest pain (Y/N)
- hypoglycemia (Y/N)
- shortness of breath (Y/N)
- depression/anxiety (Y/N)
- circulation problems (Y/N)
- diabetes (Y/N)
- stroke (Y/N)
- hearing impairment (Y/N)
- altitude sickness (Y/N)
- mobility impairment (Y/N)
- motion sickness (Y/N)
- other medical problems (Y/N)

If you answered "YES" to any of the above questions please explain.

**ADDITIONAL QUESTIONS:**

What is your current level of activity?

- Fairly sedentary (walk less than one block/day, no formal exercise)  
(Y/N):
- Limited activity (walk 1-6 blocks daily, aerobic-exercise less than 3 times/week) (Y/N):
- Moderately active (aerobic activity 4-7 times/week, organized fitness)  
(Y/N):
- Very active (distance running/biking/skiing/swimming, etc. daily)  
(Y/N):

THE ABOVE INFORMATION AND PERSONAL HEALTH HISTORY IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_