



PO Box 1739 | Boulder, CO 80306 | ph: 303.271.0984 | fx: 303.271.1377 | info@amga.com | www.amga.com

AMGA Health Statement and Emergency Contact Informa-

First Name: _____

Last Name: _____

Today's Date: _____

Address: _____

City, State, Zip: _____

Height: _____ Weight: _____ Sex: _____ Date of Birth: _____

Insurance: _____

Policy #: _____

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Day Phone: _____

Evening Phone: _____

Other Phone: _____

Email: _____

AMGA programs are physically and mentally demanding. Weather conditions can be extreme. Days will be long and you may be expected to climb and/or ski with heavy loads. Programs are multi-day and often operate in remote locations where advanced medical care and evacuation may not be available for hours or days. All participants must be free of medical or physical conditions which could create undue risk to themselves or to others who depend on them. If there is any doubt about your ability to safely participate in this activity, you should have a physical examination by a physician. We may also require a physician's consent as a precondition for participation.

Do you currently have or have you had a history of: (Check Boxes)



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- Hypertension No Yes
- Heart attack or heart disease No Yes
- Heart Palpitations or murmur No Yes
- Chest pain / pressure No Yes
- Stroke No Yes
- Smoking No Yes
- Diabetes No Yes
- Respiratory problems No Yes
- Gastrointestinal concerns No Yes
- Genitourinary concerns No Yes
- Bleeding or blood disorders No Yes
- Infectious diseases No Yes
- Neurologic problems, seizures No Yes
- Dizziness or fainting No Yes
- Mental health concerns No Yes
- Recent Illnesses No Yes
- Joint or extremity pain / injury No Yes
- Spine pain or injury No Yes
- Dietary restrictions No Yes
- Eating disorders No Yes
- Frostbite or cold injury No Yes
- Heat injury No Yes
- Altitude illness No Yes
- Major Surgery No Yes
- Physical disability No Yes
- Any other health concerns No Yes
- Are you currently under the care of a medical professional? No Yes
- Are you pregnant? No Yes
- Allergies? (insects, food, drugs) No Yes
- Are you currently using or carrying any medications? No Yes

If you answered yes to any of the above questions please describe below. Use additional pages if necessary



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Describe your current physical fitness and level of activity:

To the best of my knowledge, the above information is a complete and accurate representation of my pertinent medical history. I declare that I am in good physical health and believe that I am able without reservation or limiting conditions to physically withstand and cope with the indicated rigors of this program. In the event of an emergency, permission is given for any evacuation, medical intervention and care that may become necessary for my immediate well being.

Participant Signature: _____