

PARTICIPANT & VOLUNTEER MEDICAL FORM FOR RETREATS, HUT TRIPS, CANCER TO 14K PROGRAMS: To be completed by YOU!

Your Name (please print): _____

Date of Birth: _____

Cancer Diagnosis & Stage (or state "none"): _____

Date of Diagnosis: _____

Please describe, including year and month. If you have not had cancer, skip to "Current Health Status."

Surgery:

Lymph node removal:

Radiation:

Chemotherapy:

Immunotherapy:

Hormonal therapy:

Other:

Ongoing Side Effects: (Please Circle & Describe)

Neuropathy

Balance Problems

Osteoporosis

Chemo-brain

Anemia

Low white blood count

Low platelets

Breathing problems

Lymphedema

Other:

Please describe your current health status:

List any medical devices such as a tube, pacemaker, catheter, CPAP or oxygen:

Current medications & supplements: (ATTACH ANOTHER PAGE IF NEEDED)

Allergies:

Medication:

Food:

Other:

Do you carry an Epi pen?

Other Medical Conditions: (Please circle & describe, or state "none")

Orthopedic Surgery

Type

Date

Heart Condition

Thrombosis (blood clot)

Diabetes

High blood pressure

Arthritis

Asthma or COPD

Vision or hearing problems

Other:

This information will be shared with Live By Living volunteers and trip leaders so that your experience can be as safe as possible.

In submitting this information, I understand that the programs involve physical challenges. I will prepare to meet them to the best of my ability.

Signature: _____ **Date:** _____