

**PARTICIPANT & VOLUNTEER MEDICAL FORM FOR RETREATS, HUT TRIPS, CANCER TO 14K PROGRAMS: To be completed by YOU! Send the form to [dsm@livebyliving.org](mailto:dsm@livebyliving.org), or mail to Live By Living, 2381 S.Lupine St., Lakewood, CO 80228.**

**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

Osteoporosis

Anemia

Low platelets

Lymphedema

Balance Problems

Chemo-brain

Low white blood count

Breathing problems

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