

Health Questionnaire for Shinrin-Yoku Walk / Event



Date: _____

Full Name: _____ DOB: _____

Your Phone: _____ Your Email: _____

Emergency Contact: _____

Relationship: _____

Contact's Phone: _____ Alt Phone: _____

Primary Care Physician: _____

1. Does your emergency contact person know you will participate in this activity?: Yes No

2. Do you wear a Medic-Alert Tag or any other marker of a medical problem? Yes No

3. If yes, please describe:

4. Do you have allergic or anaphylactic reactions to environmental substances, foods, drugs, insect bites or stings? Yes No

5. If yes, do you carry an Epi pen or other fast-acting medication? Please describe:

6. If you walked on a level surface for a mile at an average pace would you get out of breath, have pains in the chest, develop muscle fatigue or have pains in your legs? Yes No

7. Describe any walking-related issues you may have:

8. Do you have any other health-related disease, condition, or concern that program guides should be aware of? Yes No

9. If yes, please describe:

This information is accurate and complete. I agree to communicate fully with program Instructors and Guides any health concerns that may arise. I give my permission to the Guide or anyone associated with her to seek emergency medical diagnosis or treatment for me in the event that I am unconscious or unable to make my own decisions. I understand that should I need medical care for any reason while participating in this program, the role of Guide will be limited to emergency first aid and either transportation to the nearest medical facility, or contacting such a facility to arrange emergency transport.

SIGNATURE: _____