

**PRE-ORIENTATION MEDICAL FORM**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Gender: M / F

Emergency Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

*Please answer the following questions, and explain any "yes" answers.*

Do you have allergies (including medications)? \_\_\_\_\_

Do you have diabetes? \_\_\_\_\_

Do you have a history of asthma? \_\_\_\_\_

Have you ever had an allergic reaction to insect bites or bee stings? \_\_\_\_\_

If yes, do you carry bee sting medication? \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_

Any other medical issues? \_\_\_\_\_

Do you have any special dietary needs (vegetarian)?

**Please send this form along with the Waiver and your \$230 check to:  
Sewanee Outing Program, 735 University Avenue, Sewanee, TN 37383**