



MUKTUK
Adventures

Muktuk Adventures Ltd.

PO Box 20716 ♦ Whitehorse, YT ♦ Y1A 7A4

Ph: 867.668.3647 ♦ **Toll-free:** 866.968.3647 ♦ **Fax:** 867.633.4200

E-mail: info@muktuk.com ♦ **Website:** www.muktuk.com

CONFIDENTIAL MEDICAL HISTORY

**Answers to the following questions are required to be supplied in detail
in case of an emergency requiring hospitalization.**

PART 1 – GENERAL INFORMATION

Please complete this form. This form helps us ensure a safe experience for you. If your ability to undertake the trip concerns us, we will discuss it with you. If, after this discussion it is decided that it is unwise for you to participate on that particular trip, we will either recommend a less intense trip or refund all payments made to Muktuk Adventures Ltd.. Unfortunately, we cannot cover or refund costs of medical examinations or other expenses you incur preparing for a trip.

Name _____

Address _____ City _____

Prov/State _____ Country _____ Postal/Zip Code _____

Phone - Home: _____ Phone - Business: _____

Age _____ Date of Birth (month/day/year) _____ Male ___ Female ___

Person to be notified in case of illness or injury:

Name _____ Relationship _____

Address _____ City _____

Prov/State _____ Country _____ Postal/Zip Code _____

Phone - Home: _____ Phone - Business: _____

Phone - Cell: _____ Email: _____

Each participant is responsible for any medical expenses incurred during the trip, including medical evacuation, and should be covered by their own accident and illness insurance.

1. Are you covered by a public/provincial medical plan? **Yes** **No**

Health Care Card Number; Province/State

Sled dog adventures for **everyone**



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2. Do you have other medical insurance coverage? _____

Name of Insurance Company _____

Policy Number _____

Phone _____ Fax _____

PART II. MEDICAL HISTORY

To be completed by applicant. If an applicant is under the age of 18, the Parent or Guardian must also sign this form. Please note: if you arrive for a trip with a pre-existing condition or injury which is not indicated on your medical form and you are subsequently requested to leave the trip because of this condition, you will be charged an evacuation fee, if applicable, and will not receive any refund. Please understand that this is to ensure your safety and the safety of other trip members.

If you circle "yes" to any questions below, please provide details.

Give a brief statement of your general health: _____

1. Height _____ Weight _____ Shoe Size _____

2. Do you have or have you had, any past, serious, or ongoing medical problems or conditions?

Yes **No** If yes, please describe: _____

3. Are you taking any medications? (on the reverse, please list all medications and dosages)

Yes **No**

If you take medications (including allergy or seizure medication), please bring an extra week's supply in separate, waterproof, unbreakable containers, with instructions.

4. Do you have problems with vision or hearing? **Yes** **No**

If yes, please describe: _____



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5. Do you Smoke? **Yes** **No** If so, how much per day? _____

6. Do you have asthma? **Yes** **No**

7. What flu shots have you had since September 1st, 2009? _____
None H1N1 Seasonal

8. Are you allergic to any of the following? (If you are, on the back of this page, please list all allergies and describe the nature and severity of reaction.)

Medications: **Yes** **No** Foods: **Yes** **No**

Insect bites: **Yes** **No** Other: **Yes** **No**

What medications are needed to control the reaction? _____

9. Do you have high blood pressure? **Yes** **No** If yes, please describe:

10. Do you have heart murmurs, episodes of irregular heartbeat, shortness of breath or chest pain on exertion?

Yes **No** If yes, please describe: _____

11. Do you require a special diet? If so, please tell us what you do NOT eat.

12. Do you have problems with your neck, back, or joints that limit your exercise? **Yes** **No**

13. Have you had frostbite or a reaction to cold temperatures? **Yes** **No**

If yes, please describe severity: _____

14. Does your health prevent you from participating in any physical activities? **Yes** **No**



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15. Consent is hereby given for the applicant to participate on a trip with Muktuk Adventures Ltd., and permission is given for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary. I understand that the program involves physically and mentally strenuous activity in a remote wilderness area far removed from urban facilities.
16. The information provided above is a complete and accurate statement of the health factors which may affect my participation on a trip with Muktuk Adventures Ltd. I realize that failure to disclose such information could result in serious harm to me and fellow participants and agree to indemnify and hold Muktuk Adventures Ltd. harmless if all relevant information is not disclosed.

PLEASE ENSURE YOU INVEST IN TRAVEL INSURANCE FOR YOUR TRIP

Signed this _____ day of _____, _____
day month year

PARTICIPANT:

(print name)

(signature)

PARENT OR GUARDIAN

(IF PARTICIPANT IS UNDER 18):

(print name)

(signature)