



Oregon State University Boating/Snorkeling Activities Medical History and Evaluation Form

Name: _____ Date: _____
Address: _____
Dept.: _____ Phone #: _____

MEDICAL HISTORY STATEMENT: I understand that boating/snorkeling activities can be strenuous activities, involving motions and stresses that require stamina and excellent health for my safety and well-being. I hereby confirm that I have no emotional or health problems incompatible with boating/snorkeling activities. I understand that I must seek approval from a licensed physician if I am uncertain as to my physical fitness for the rigors of boating/snorkeling activities. I further understand that the OSU Boating Safety Officer may require me to seek approval from a physician if there is a health or safety question relative to my condition. I understand that it is my responsibility to notify the Boating Safety Officer if there are any changes to my medical condition and to resubmit the medical history form as necessary.

Indicate "Y" or "N" beside each item. If marked "Y", explain as necessary in the space provided for remarks.

- | | |
|---|---|
| <input type="checkbox"/> I have read the medical history statement | <input type="checkbox"/> Ear or hearing problems |
| <input type="checkbox"/> Mental or emotional problems | <input type="checkbox"/> Dizziness or fainting |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Regular medication | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Allergies, including drugs | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Rejected from any activity for medical reasons | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Use of Street drugs |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Current pregnancy |
| <input type="checkbox"/> Contact lenses or glasses | <input type="checkbox"/> High blood pressure |
| | <input type="checkbox"/> Any medical problem not listed |

Print or type remarks: _____

I certify that the above information is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship: _____ Phone #: _____

Physician Medical Release

(Please note that physician approval is only required if you, personally, are uncertain of your physical ability to participate in boating/snorkeling activities OR if it is requested by the DBSO.)

TO THE PHYSICIAN: This person is requesting approval to conduct boating/snorkeling activities as part of the Oregon State University Boating Safety program. Please indicate if, in your professional opinion, they are healthy enough to participate.

- Yes, the participant listed above is healthy enough to participate in boating/snorkeling activities
- No, the participant listed above is not healthy enough to participate in boating/snorkeling activities.

Date: _____ Signature: _____
Physician Name: _____
Address: _____
Phone: _____