

Hill Country Kayak Charters General Health Questionnaire

Name: _____ Age: _____ Height: _____ Weight: _____
 Resting HR: _____ High Blood pressure: Y N Heart condition: Y N
 Medications: _____
 Allergies: _____
 Past Surgeries: _____

State recognized handicap(s): _____

Aerobic conditioning	never				often
Getting winded from climbing 2 flights of stairs:	1	2	3	4	5
Days of aerobic activity per week (workouts):	1	2	3	4	5
Choosing the elevator over stairs in 3-4 story buildings:	1	2	3	4	5
Wheezing after aerobic workouts:	1	2	3	4	5
Physical Strength	never				often
When was the last time you were in a strength regiment (years):	1	2	3	4	5
Difficulty lifting heavy objects (50-75lbs)	1	2	3	4	5
How many squats (stand up and sit down) can you perform in 1 min:	0	15	25	35	45+
How many Pushups can you perform in 30s:	0	10	15	20	25+
How many crunches can you perform in 30s:	0	10	15	20	25+
How long can you stand on 1 leg:	0	10s	15s	20s	30s+
Flexibility and Balance	never				often
Can you touch your toes?	1	2	3	4	5
Do you have tight hamstring?	1	2	3	4	5
Do you have back tightness?	1	2	3	4	5
After you stand up do you get lightheaded?	1	2	3	4	5
Do you feel comfortable squatting below parallel:	1	2	3	4	5

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is for my safety. I have been reviewed by a medical professional and I am cleared for outdoor water activity. I understand the risks associated with water activities, kayaking, fishing, and being in nature. Those risks include and are not limited to slipping, falling, tripping, insects, spiders, and snakes.

Name (print) _____ Date: _____ Witness: _____

Signature _____ Parent/ Guardian: _____

