



Members Medical Form

(Voluntary)

HIGH DESERT CORVETTES CLUB

Please complete this form and place in envelope inside glove compartment.

GENERAL INFORMATION

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ Gender: _____ Blood Pressure _____ / _____ Heart Rate _____ bpm

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____

Primary Emergency Contact: _____ Relationship _____

Home: (_____) _____ Work(_____) _____ Mobile(_____) _____

Secondary Emergency Contact: _____ Relationship _____

Home: (_____) _____ Work(_____) _____ Mobile(_____) _____

Allergies

(Allergy) (Reaction) (Medication Required)

(Allergy) (Reaction) (Medication Required)

Medications

(Name) (Dosage) (How Often) (Side Effects) (Reason for Taking)

(Name) (Dosage) (How Often) (Side Effects) (Reason for Taking)

General Medical History

Please answer the following medial history questions. **If answering YES, use a separate sheet to explain history in more detail.**

Respiratory problems, Asthma, Do you smoke _____ (Circle One)
YES - NO

Gastrointestinal problems _____ YES – NO

Cardiac problems _____ YES – NO

Neurological problems, Seizures _____ YES – NO

Vision or Eye problems _____ YES – NO

Hearing problems _____ YES – NO

Bone, Joint, Muscle problems _____ YES – NO

Head trauma, Traumatic Brain Injury _____ YES – NO

Substance Abuse, Anxiety, Depression _____ YES – NO

If female, are you pregnant _____ YES – NO

Have you had a recent illness within the last 12 months _____ YES – NO

Have you had surgery or been hospitalized in the last year _____ YES – NO

Have you ever had problems related to exposure with altitude _____ YES – NO

Any other Health complaint or medical issue that would affect your travels _____ YES – NO

Physician's Name _____ Clinic Name: _____

Address: _____ Phone: (____) _____

Other Information regarding your Health or Contact Information:
