Zajac Ranch Family Retreat
Medical Form

Please Note: Due to the increased risk of severe illness and the operation guidelines provided by the Province of B.C, we will not be able to have participants attend a weekend or daytime family retreat in 2020 if they currently have any of the following:

- A suppressed immune system (due to medical condition and/or medications)
- Cancer
- Diabetes
- Heart disease or other severe heart conditions
- Hypertension (high blood pressure)
- Chronic lung disease
- Asthma or other significant respiratory conditions
- Chronic kidney disease
- Seizure disorder
- Other significant conditions

In addition, we will not be able to host seniors or those requiring use of equipment such as nebulizers, CPAP or BiPAP machines, or other procedures that are aerosol-generating.

Please fill out the form for each participant attending

Participant Information	
Name:	
Date of Birth:	
Personal Health Number:	

Health History

Cardiac (Please Answer Yes/No)			
Heart Condition	**YES**☐	**NO**☐	If Yes, Please Specify:
Hypertension (high blood pressure)	**YES**☐	**NO**☐	If Yes, Please Specify:

Gastrointestinal (Please Check Yes or No)			
Appendicitis	**YES**☐	**NO**☐	
Bowel Issues	**YES**☐	**NO**☐	If Yes, Please Specify:

Respiratory (Please Check Yes or No)			
Asthma	YES☐	NO☐	
Lung Disease	YES☐	NO☐	If Yes, Please Specify:
Respiratory Condition	YES☐	NO☐	If Yes, Please Specify:
CPAP	YES☐	NO☐	
BiPAP	YES☐	NO☐	
Nebulizer	YES☐	NO☐	

Neurological (Please Check Yes or No)			
Headaches	YES☐	NO☐	
Migraines	YES☐	NO☐	If Yes, Please Specify:
Seizures	YES☐	NO☐	If Yes, Please Specify:
Stroke	YES☐	NO☐	If Yes, Please Specify:

Vision/Hearing (Please Check Yes or No)			
Eyeglasses	YES☐	NO☐	
Sight/Vision difficulties	YES☐	NO☐	If Yes, Please Specify:
Hearing difficulties	YES☐	NO☐	If Yes, Please Specify:

Other (Please Check Yes or No)			
Arthritis	YES☐	NO☐	
Bleeding disorder	YES☐	NO☐	If Yes, Please Specify:
Cancer	YES☐	NO☐	If Yes, Please Specify:

Concussion	**YES**☐	**NO**☐	If Yes, Please Specify:
Diabetes	**YES**☐	**NO**☐	
Hernia/Hernia Repair	**YES**☐	**NO**☐	
Kidney condition	**YES**☐	**NO**☐	If Yes, Please Specify:
Suppressed Immune System	**YES**☐	**NO**☐	If Yes, Please Specify:

Please list any other medical or neurological diagnosis:

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Please list any physical or medical concerns that would prevent you from participating in activities. (ex. Horseback Riding, Kayaking, Rock Climbing, etc):

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Please sign below to acknowledge that you have fully read the document and answered the questions accurately to the best of your ability.

Signature: ________________________

Parental Signature: ________________________

Date:______________________________