

**Wilderness Rescue Team Inc.**  
**P.O. Box 20**  
**Waterville, Maine 04039**

**Medical Form**

Name: \_\_\_\_\_

**MEDICAL HISTORY:** This information is kept strictly confidential. It will be used to determine if it is safe for you to participate in searches and training. It will also be used in case of an emergency. If you were injured and unconscious, this is the information that would be passed to medical personnel. It is up to you to let the team medical and/or member advisor know if any of this information changes.

Please indicate any medical conditions or history that you have which may present hazards to you or other team members during search and rescue operations and training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications that you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies that you have (especially food or insect allergies): \_\_\_\_\_

\_\_\_\_\_

Insurance:

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_ Policy holder: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**Emergency Contact info: who should we notify:**

**Primary Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**Secondary Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**By my signature below I certify that the information that I have provided on this application is true and accurate to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date