



OUTER COAST OUTFITTERS

Medical and Physical History

Do you have any medical conditions or physical impairments? If so please list:

Have you ever been hospitalized and if so for what?

Are you taking any medications? If so please list them here and explain, the reason for taking, its location and dosage:

Do you have any allergies? If so please list:

Do you have any allergies that require medication such as epinephrine? If so where is this medication located?

Do you have any dietary restrictions?

Emergency Contact:

Name	Relationship	Phone Number
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