

# AEI Outfitter – Medical Form

Address: #2 Illinois Creek Road - Almont, Colorado 81210  
PH: 970-641-4708 Email: [info@aeioutfitter.com](mailto:info@aeioutfitter.com)  
[www.aeioutfitter.com](http://www.aeioutfitter.com)

## HEALTH & MEDICAL INFORMATION

(Circle the appropriate answer and describe any **YES** answers.)

NAME: \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Have you had or do you currently have any heart problems (dates): \_\_\_\_\_ YES NO

Do you frequently suffer from pains in your chest: \_\_\_\_\_ YES NO

Do you often feel faint or have spells of severe dizziness: \_\_\_\_\_ YES NO

Has a doctor ever told you that you have high blood pressure: \_\_\_\_\_ YES NO

Are you a smoker: \_\_\_\_\_ YES NO

**(NOTE: If you have had any heart related problems you will need to have a release from a physician in order to participate in a hunting and/or fishing trip.)**

Do you have arthritis, joint or back problems that might be aggravated by exercise: \_\_\_\_\_ YES NO

Have you had any operations or serious injuries (dates): \_\_\_\_\_ YES NO

Do you have any disabilities or chronic recurring illness: \_\_\_\_\_ YES NO

Are there any activities to be limited/discouraged by physician's advice: \_\_\_\_\_ YES NO

Are you allergic to any medicines, insects or pollen: \_\_\_\_\_ YES NO

Do you have Epilepsy: \_\_\_\_\_ YES NO

Do you have Diabetes: \_\_\_\_\_ YES NO

Do you have any prescribed meal plan or dietary restrictions: \_\_\_\_\_ YES NO

Are you currently sick and/or using a medication that's not listed above: \_\_\_\_\_ YES NO

Name of Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Do you carry family medical/hospital insurance: \_\_\_\_\_ YES NO

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Suggestions or health related information for AEI personnel: \_\_\_\_\_

General Health Statement: \_\_\_\_\_

## REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all hunting activities except as noted. I understand that I must furnish complete information to include physician's reports if the conditions are detrimental to my health if not disclosed. There are no mental or physical problems or limitations associated with my participation in the recreational activities, which I have not disclosed in writing to AEI Outfitter I have read and understand the High Altitude and Health statement. I hereby give permission to the medical personnel selected by AEI Outfitter or its authorized agent, to order x-rays, routine test and treatment for me in the event that I am unable to do so. I hereby give permission to the physician selected by Adventure Experiences, LLC to order injections, anesthesia and/or surgery for me. Such authorization for emergency medical treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if AEI Outfitter, or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the cost of any specialized means of evacuation and any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide with the restrictions placed on my hunting activities and rules set forth by AEI Outfitter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_