



## **Adventure CME Medical Review Form**

Please select YES or NO for all items. Please note that selecting YES for a given item does not preclude the applicant from participating in the CME Adventure Course. The information contained herein will be used to assess sufficient fitness status for registrants, and will be kept on file as a medical record for registrants attending the WMS CME Course. All information contained herein will be kept strictly confidential and will not be shared with other parties. If the applicant answers yes to any given item, please provide details in the space at the end of the form. Also, please use this space for general impressions and any comments.

**Patient Name** \_\_\_\_\_

### **General Medical History**

Does the applicant currently have or have a history of:

1. Respiratory Problems (Including Asthma)
2. GI disturbance
3. Diabetes
4. Hypertension
5. Bleeding or blood disorder
6. Hepatitis or liver disease
7. Neurological problems or seizure disorder
8. Dizziness or fainting
9. Cardiac problems (Please List)
  
10. Treatment or medication for menstrual cramps
11. Urinary or reproductive disorders
12. Other disease (Please Specify)
  
13. Does the applicant see a specialist of any kind?  
(Please Describe, Include Name, Address)
  
14. Is the (female) applicant pregnant?

### **Musculoskeletal Injuries**

Does the applicant currently have or have a history of:

15. Knee, hip, or ankle injuries or operations
16. Shoulder, arm, or back injuries or operations
17. Head injury
18. Other joint problems (Please Describe)

### **Immunizations**

19. Are the applicant's immunizations up to date?
20. Date of last tetanus immunization \_\_\_\_\_



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If the applicant answered "Yes" to any of the questions above, please give a details below. Also, please include any general impressions or comments in this area.