PACIFIC CATALYST II, INC.
Expeditions in the Pacific Northwest & Baja
www.pacificcatalyst.com

Personal Information Form

Wilderness and backcountry travel means being a long way from hospitals, doctors, and pain-relieving medications. Because of the environmental and physical challenges that are inherent in wilderness travel, most trips are accompanied by a Certified Wilderness First Responder or WFA. Depending on the location, evacuation to a medical facility may be complicated, protracted, and expensive. In the event of illness or injury, and to provide appropriate emergency care, we need to be aware of any pre-existing medical or health conditions you may have that could be aggravated as a result of this experience. We do have an AED unit on board. We respectfully urge you to be as thorough as possible in providing the information requested. Flight and accommodations information should be sent to us when available to help us plan for your arrival. Be sure to read both sides of this form. Sign the back. All information will remain confidential. We sincerely thank you for your cooperation.

Contact Information		
Name:		
Address:		
City:	State:	Zip:
Phone Home/Work:	Cell/Travel Phone: (in case we need to reach you unexpectedly)	Email Address:
Your Birth Date:	Your Physician's Name:	Your Physician's Phone:
Your Flight Information*:		Your Accommodations information*:
Your Weight	Your Height:	Your shoe/boot size:

In case of an emergency		
Name of person to be notified in case of an illness or injury:		
Relationship to you:		
Address:		
City:	State/Zip:	Phones:

Food Restrictions
Do you have any special dietary restrictions? If so, please check any of the following: (we are not speaking of food preferences, but of dietary restrictions)
☐ Hypoglycemic ☐ Low-Fat ☐ Diabetic ☐ Non-Dairy ☐ Gluten Free
☐ Vegetarian– please note what you do eat (dairy, eggs, etc., by selves or in other foods)
☐ Other, please describe:

Medical Information
To help us understand and assess any medical problems that might arise during your trip, please comment on the following details of your recent medical history
Allergies (foods, medicines, insect stings, etc.):
If severely allergic, do you carry an Ana-Kit for emergency treatment? ☐ YES ☐ NO
Have you been hospitalized for severe illness or surgical procedures during the past two years? If so, describe and provide approximate date(s).
Please indicate any potential health problems identified by your physician: ☐ Diabetes ☐ Heart ☐ Respiratory ☐ Epilepsy/Seizures ☐ Other, please describe:
Do you use a C-Pap machine? ☐ YES (Bring back-up battery pack) ☐ NO
Have you had a tetanus booster within the past 10 years? ☐ YES ☐ NO
Are you fully vaccinated against Covid-19? ☐ YES ☐ NO
Do you have high blood pressure? If yes, please describe.
Do you have palpitations of the heart, an irregular heartbeat, heart murmur, or poor circulation? If yes, please describe.
Any recent broken bones, serious sprains, or dislocations? If yes, please describe.
Please list your prescriptions and medications and describe their purpose. Please include dosage information if possible.
I hereby consent to any emergency care, hospital care, medical or surgical diagnosis and/or treatment to be rendered to me as found advisable for any injuries that may arise from my participation in a Pacific Catalyst trip. I understand and agree that I am solely responsible for all applicable charges for such medical treatment, evacuation, and rescue. This medical information form is filled out completely and accurately, to the best of my knowledge. _____ _____ Date Participant signature or Parent/Guardian if under 18 Needed For IP/GBRF/transit through BC, Canada: Guests only: PASSPORT #: _____ COUNTRY/ST/CITY/ISSUED: _____