



Health questionnaire for dog sled races:

Date of birth: Year / Month / Day

Hospital chart number: _____

Health insurance card number: _____

Emergency contact number 1: Name _____ Relationship _____

Phone _____ Facebook username: _____

Emergency contact number 2: Name _____ Relationship _____

Phone _____ Facebook username: _____

Do you have any allergies?: Yes No Specify: _____

Does your allergy/ies require any medication? (EpiPen, Benadryl, etc.) Yes No Specify:

Do you take any medication?: Yes No Specify:

Have you ever had a surgery in the past Yes No

Specify (type of surgery and date): _____

Are you on a waiting list for a surgery Yes No

Specify (type of surgery): _____

Please check any medical problems that apply regarding your eye health:

Vision loss

Glaucoma

Other problems with your eyesight,

specify: _____

Please check any medical problems that apply regarding your ear health:

Deafness

Other hearing problems, specify:

Please check any medical problems that apply regarding your digestive health

- Cirrhosis
- Gallbladder stones
- Hepatitis
- Crohn disease

- Digestive bleeding
- Any other digestive problems, specify:

Please check any medical problems that apply regarding your heart health:

- Angine
- Heart stroke, specify when: _____
- Arrhythmias
- Hypertension

- Swollen legs or arms
- Any other heart problem, specify:

Please check any medical problems that apply regarding your lung health

- Pneumonia
- Asthma
- Tuberculosis, under treatment Yes No

- Chronic obstructive pulmonary disease
- Any other lungs problem, specify:

Please check any medical problems that apply regarding your neurological health:

- Headaches, migraine
- Loss of consciousness
- Paralysis
- Epilepsy or seizures
- Memory loss

- Dizziness
- Sensibility loss
- Any other neurologic problem, specify:

Please check any medical problems that apply regarding your muscle and bone health:

- Amputation
- Arthritis
- Fibromyalgia
- Fracture

- Spine problem, specify: _____
- Any other muscle or bone problem, specify: _____

Please check any medical problems that apply regarding your mental health:

- Anxiety
- Schizophrenia
- Depression
- Alcohol addiction
- Drugs addiction

- Bipolar
- Any other mental health problem, specify:

Please check any medical problems that apply regarding other health problems

- Cancer, specify: _____
- Diabetes
- Thyroid
- Immune deficiency, specify: _____
- Any other health problem, specify: _____

Health questionnaire for dog sled races:

Date of birth: Year / Month / Day

Hospital chart number: _____

Health insurance card number: _____

Emergency contact number 1: Name _____ Relationship _____
Phone _____ Facebook username: _____

Emergency contact number 2: Name _____ Relationship _____
Phone _____ Facebook username: _____

Do you have any allergies?: Yes No Specify: _____

Does your allergy/ies require any medication? (EpiPen, Benadryl, etc.) Yes No Specify:

Do you take any medication?: Yes No Specify:

Have you ever had a surgery in the past Yes No

Specify (type of surgery and date): _____

Are you on a waiting list for a surgery Yes No

Specify (type of surgery): _____

Please check any medical problems that apply regarding your eye health:

- Vision loss
- Glaucoma
- Other problems with your eyesight, specify: _____

Please check any medical problems that apply regarding your ear health:

- Deafness
- Other hearing problems, specify: _____

Please check any medical problems that apply regarding your digestive health

- Cirrhosis
- Gallbladder stones

- Hepatitis
- Crohn disease
- Digestive bleeding

Any other digestive problems, specify:

Please check any medical problems that apply regarding your heart health:

- Angine
- Heart stroke, specify when: _____
- Arrhythmias
- Hypertension

Swollen legs or arms
 Any other heart problem, specify:

Please check any medical problems that apply regarding your lung health

- Pneumonia
- Asthma
- Tuberculosis, under treatment Yes No

Chronic obstructive pulmonary disease
 Any other lungs problem, specify:

Please check any medical problems that apply regarding your neurological health:

- Headaches, migraine
- Loss of consciousness
- Paralysis
- Epilepsy or seizures
- Memory loss

Dizziness
 Sensibility loss
 Any other neurologic problem, specify:

Please check any medical problems that apply regarding your muscle and bone health:

- Amputation
- Arthritis
- Fibromyalgia
- Fracture

Spine problem, specify: _____
 Any other muscle or bone problem, specify: _____

Please check any medical problems that apply regarding your mental health:

- Anxiety
- Schizophrenia
- Depression
- Alcohol addiction
- Drugs addiction

Bipolar
 Any other mental health problem, specify:

Please check any medical problems that apply regarding other health problems:

Cancer, specify: _____

Diabetes

Thyroid

Immune deficiency, specify: _____

Any other health problem, specify: _____