



Raven Rescue

Box 861 - 2773 Anderson Road
Smithers, British Columbia
Canada VoJ 2N0

Training and Safety Services

Emergency & Medical Form

Personal Info:

Name: _____ Date of Birth (yr/mo/day): _____

Address: _____

Phone: _____ Email: _____

Course Location: _____ Date: _____

Emergency Contact:

Name: _____ Phone: _____

Doctor: _____ Phone: _____

Personal Health # _____

Medical History:

Physical Condition (circle one) Excellent Good Fair Poor

Allergies (list): _____

If yes, please explain treatment required: _____

Are you on any medications (prescription or non-prescription)? Yes _____ No _____

If yes, please list: _____

Have you been under a doctor's care in the last 12 months? _____

Do you suffer from a chronic disability or long-term illness? _____

If yes, please explain: _____

Do you have a history of joint injury? _____

Eyesight (circle): Excellent Fair Poor Glasses Contact Lenses

Do you have any physical limitations? _____

Signature: _____ Date: _____

*If your condition changes during the course, please advise the instructor immediately.
Failure to disclose medical information could jeopardize individual or group safety.*

Official Canadian Agent for Rescue 3 International

