

**AVI/SCA Confidential Health Questionnaire**

Please complete in full and return:

**PRINT & POST**

Carin Eisen, 8 Union Road, Lilydale VIC 3140

OR

**EMAIL ATTACHMENT**

Robert Boyle [robertboyle@aapt.net.au](mailto:robertboyle@aapt.net.au) or

Carin Eisen [soulcraftaustralia@gmail.com](mailto:soulcraftaustralia@gmail.com)

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sex: **Male Female Other**

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Do you wear a Medic Alert Bracelet? **Yes No**

If yes, for what condition \_\_\_\_\_

Have you ever had a heart attack? **Yes No** If so, when? \_\_\_\_\_

Please provide an explanation.

\_\_\_\_\_

\_\_\_\_\_

Do any of these conditions apply to you?

High blood pressure? **Yes No**

A heart Murmur? **Yes No**

Heart Disease? **Yes No**

Please list your blood pressure and resting pulse rate if you know it: \_\_\_\_\_

Do you have any allergies or sensitivities to insect bites/stings that could result in anaphylactic shock:? **Yes No**

If yes, please explain: \_\_\_\_\_

Do you have any allergic reactions to any environmental substances, food or drugs?

**Yes No**

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Are you hypoglycaemic or diabetic? **Yes No** Specify:

\_\_\_\_\_

Have you ever experienced a seizure of any kind? **Yes No** If yes, please attach an explanation.

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Do you have haemophilia?

**Yes No**

Do you have any disabilities of the back, knees, hips or ankles? **Yes No**

If yes, please explain.

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Have you ever had a lung disease? (asthma, emphysema, etc.) **Yes No**

If yes, please explain.

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If you walked on the level for a mile at an average pace, would you get out of breath, have chest pain or leg pain or develop muscle fatigue? **Yes No**

If yes, please explain.

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Are you taking any prescribed medications at this time? **Yes No**

If yes, please specify:

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If you are under the care of a physician, does he/she approve of you engaging in this activity?

**Yes No**

When did you last have your tetanus shot? \_\_\_\_/\_\_\_\_/\_\_\_\_

How would you rate your present degree of physical fitness?

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Are you currently (or within the past two years) receiving treatment from a physician or other health care professional for any physical or psychological reason? **Yes No**

If yes please explain.

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Is there anything else you feel we should know regarding your physical condition and/or history to help us be of better service to you on your vision quest? **Yes No**  
Please specify:

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I declare the information provided in this questionnaire to be accurate and correct.

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

**Health Care Professional Details**

Name of doctor: \_\_\_\_\_

Phone number: \_\_\_\_\_

**In case of injury or illness, contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**Secondary Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Please check with your insurance company to determine your coverage for this program and bring your insurance identification card or other policy identification with you.

WE RESERVE THE RIGHT TO REQUIRE A MEDICAL EXAMINATION OF ANY POTENTIAL PARTICIPANT AT THE PARTICIPANT'S EXPENSE AND TO REJECT ANY POTENTIAL PARTICIPANT FOR MEDICAL REASONS AT ANY TIME PRIOR TO OR DURING A TRIP.

### **Waiver**

We urge those attending any of Animas Valley Institute (AVI) programs produced by Soulcraft Australia (SCA) to take all necessary precautions for their own health and safety, in accordance with the advice and guidance of the Animas Valley Institute (AVI) guides and of their own medical practitioners. Please read the following and sign to indicate your acceptance and agreement.

- In seeking to participate in an AVI/SCA program(s), I accept that there is an element of risk, physical and psychological, involved in the activity, including, but not limited to bushy terrain, poisonous creatures and exposure to heat and cold.
- I agree to take full responsibility for my own health, wellbeing and safety during the program/s.
- I understand that this AVI/SCA program(s), is essentially a personal development opportunity with a focus on nature connection and self awareness.
- I agree to assume full responsibility for my participation in this AVI/SCA program(s) and all that I experience.
- I understand that my participation in this AVI/SCA program(s), in general and in any particular activity thereof, is entirely my choice, voluntarily and freely made, after considering all factors.
- While AVI, AVI guides and Soulcraft Australia, acknowledge a duty of care to all participants, we recommend taking out individual personal injury and ambulance insurance for the duration of the program(s).
- I, the undersigned, being aware of my own health and of the program conditions, voluntarily assume the risk inherent in taking part in the program and release AVI, AVI guides, Soulcraft Australia and its producers from liability, financial or otherwise, for accidental injury, illness or loss, which may occur as a result of participating in the said activity.

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Soulcraft Australia**

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