



# KROKA EXPEDITIONS EXPANDED MEDICAL FORM

**Confidential Information**

Please take your time and print legibly. Thank You!

Student's Full Name:

Program Name:

Program Start Date:

STUDENT'S HEIGHT:

STUDENT'S WEIGHT:

Is this student currently receiving medical or psychiatric treatment, or under the care of a physician, therapist, or counselor? If so, please describe:

**Please disclose any history of medical issues by checking NO next to each condition, or writing a brief description with the date of last occurrence and any ongoing symptoms or restrictions related to that issue.**

Condition	CHECK	Detailed Description
Dizziness / Fainting	NO	
Headaches / Migranes	NO	
Head Injury / Concussion	NO	
Hepatitis	NO	
Lyme Disease	NO	
Seizures / Epilepsy	NO	
Hypoglycemia or Diabetes	NO	
Kidney or Urinary Tract problems	NO	
Broken Bones (within the past year)	NO	
Pregnancy	NO	
Other		

**Has this student been diagnosed or treated for any of the following conditions within the past five years?**  
(please check NO or give details)

Anxiety	NO	
Depression	NO	
Eating Disorder	NO	
Substance Abuse	NO	
Schizophrenia or Bipolar disorder	NO	
Self-Harm	NO	
Attention Defecit Disorder	NO	
Other		

**Has this student experienced any of the following potentially challenging situations during the past five years?**  
(please check NO for each item, or give a brief description)

Recognizing or changing sexual orientation or gender identity	NO	
Death of a family member or friend	NO	
Suspension from a recreational or educational program	NO	
Academic or learning challenges	NO	
Divorce of parents	NO	
Serious Illness / Assault / Accident / Injury	NO	
Frustration with tedious medical forms	NO	
Other		

STUDENT NAME OR SIGNATURE (if 18 years or older)

PARENT / GUARDIAN NAME or SIGNATURE