

**WALKING THE WORLD®**

**HEALTH INFORMATION**

*(Please print or type and attach additional explanation where necessary.)*

TRIP APPLIED FOR: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ Ph# (    ) \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

GENERAL STATEMENT OF HEALTH \_\_\_\_\_

MEDICAL OR DIETARY RESTRICTIONS \_\_\_\_\_

ALLERGIES (medications, foods, animals or insects, etc.) \_\_\_\_\_

MEDICATIONS YOU ARE TAKING NOW (Please list the reasons as well.) \_\_\_\_\_

**EMERGENCY INFORMATION (Whom to contact in case of emergency):**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
(AREA CODE + NUMBER) (AREA CODE + NUMBER)

**PRIMARY CARE PHYSICIAN:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE (AREA CODE + NUMBER) \_\_\_\_\_

Please return this form to:

Walking The World®, P.O. Box 1186 Fort Collins, CO 80522-1186

PH: 970-498-0500 Fax: 877-656-7444

Email: [info@walkingtheworld.com](mailto:info@walkingtheworld.com)

Website: [www.walkingtheworld.com](http://www.walkingtheworld.com)

©JUN2014