

**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 40442 Grand Junction, CO 81504

PH: 970-498-0500

Email: info@walkingtheworld.com Website: www.walkingtheworld.com