



## Touring Kayakers Ottawa-Outaouais (TK2O) Statement of Health Record

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Our activities can be strenuous. We do not want you to engage in activities that are detrimental to your health or which would be opposed by your doctor because of recent illness, injury or surgery. If you have any questions regarding your participation in an activity with TK2O, please discuss it with your doctor.

If you have a medical condition that could endanger the safety of yourself or your fellow paddlers, it is your responsibility to voluntarily make this information available via this Statement of Health Record to the trip leader/organizer. The following information can make us aware of potential problems and be better able to assist you in safely enjoying our activities. Personal information collected via this form may be made known only the trip leader/organizer and that no use of the this information will be released to anyone outside the expressed authorization of the member.

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

Email: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone # at home: \_\_\_\_\_ at business: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of person who may be contacted in case of an emergency:

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

Phone # at home: \_\_\_\_\_ at business: \_\_\_\_\_

Provincial Health Card # (**optional**): \_\_\_\_\_

Ontario Quebec (please circle province)

**Health History - Describe conditions in detail  
(attach another page if necessary)**

Allergies (i.e. insect stings, drugs, food, etc.)

\_\_\_\_\_

\_\_\_\_\_

Conditions requiring regular medications (i.e. diabetes, epilepsy, etc.)

\_\_\_\_\_

\_\_\_\_\_

Recent injuries, illnesses, operations

\_\_\_\_\_

\_\_\_\_\_

Physical disabilities or chronic conditions (i.e. poor eyesight, hearing loss, motion sickness, etc.)

\_\_\_\_\_

\_\_\_\_\_

Swimming ability \_\_\_\_\_

Do you have any other conditions that could jeopardize personal or group safety?

\_\_\_\_\_

\_\_\_\_\_

**I assume full responsibility for my health being such that participating in TK2O activities will in no way aggravate any conditions present. If in doubt, I will seek and follow medical advice.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail completed forms to: Touring Kayakers Ottawa-Outaouais (TK2O )  
P.O. Box 35127, R.P.O. Westgate  
Ottawa, ON, K1Z 1A2

Club Website: <http://tk2o.webhop.org>

Club Email: tk\_2o@yahoo.ca (that is a 2 followed by the letter O)

*Note: Membership schedule runs from January to January.*