

Corazon Journey Health Form

Name: _____

Today's Date: _____

Name of Corazon Journey you are participating in: _____

Dates of travel: _____

Corazon Journeys are appropriate for adults of any age who are in good health. The trips are not planned to be extremely rigorous, however the nature of the travel to many of our destination have geographical, climate and societal dynamics that create inherent challenges. You will need to walk frequently for distances up to a mile or more. Our destination countries have higher altitudes in mountainous areas that may make walking more strenuous. Roads can be windy, steep and sometimes in very poor condition. Because of differences in bacteria and other dynamics, it is very common for travelers to experience diarrhea at some point during their travels.

The purpose of this detailed questionnaire is to assure that you and I have an opportunity to discuss your health in relationship to the trip, and make appropriate adaptations if necessary. In case of a medical emergency, we want to be able to provide accurate information to health care providers in the country (s) we are visiting. **Participants are required to purchase traveler's insurance.**

Medications:

List all medications you take routinely, and "as needed" for illnesses. Please include drug name, dosage strength, frequency of use, and reason for use

Health History Questions

Do you have a medical condition that warrants maintenance medication or physician follow-up? If yes, please list.

Do you have heart problems? Do you have a cardiac arrhythmia or irregularity? _____

Do you have high blood pressure? _____

Do you have kidney problems? _____

Do you have any bleeding problems; take aspirin, or other blood thinner medication? _____

Do you have a history of clogging disorders? (Stroke, heart attack, pulmonary embolus, etc.) _____

Do you have lung disease, asthma, or shortness of breath? _____

Do you have a history of neurological conditions ? _____

Do you have a stomach or bowel condition such as bowel irritability, frequent diarrhea or constipation, heartburn or ulcers? _____

Have you ever been treated for depression, anxiety or other psychiatric illness? _____

Do you have diabetes? If so do you take insulin? _____

Are you prone to motion sickness? _____

Are you able to walk a mile at a reasonable pace without getting winded? _____

Are you able to walk up steep hills? _____

Do you have sun sensitivity? _____

Do you have any skeletal or muscular past or current injuries? _____

Please share any other pertinent medical information that may impact your travel:

Date of last physical exam: _____

Note: If you have not had a physical exam in the past year, you will need to do so prior to travel. I reserve the right to deny participation to individuals if for any reason it is determined the trip is not suitable for them.

Please email or mail this completed form to:

Corazon Journeys

PO Box 10780

Spokane, WA 99209

For more questions call: 509-714-8928

Or email: debbieraecorazon@gmail.com

Thank you!

Updated 3/17/2019