



HEALTH & DIETARY REVIEW



Knight Inlet Lodge requires that each Lodge guest completes our Health & Dietary Information questionnaire. This information is important, it will assist our Lodge staff in applying our risk management plan and to prepare contingency plans in the event of a health or medical emergency. Please answer all the questions and sign your name in the appropriate place. If more room is required to record information, please do so on an additional piece of paper and attach to this form.

Please Print Clearly

Name:		File #	
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1. Do you have travel medical insurance? Yes No

2. Have you received a COVID-19 vaccination? Yes No Prefer Not To Answer

2a. Have you had any COVID-19 related symptoms in the last 7 days? Yes No

3. Medical Conditions: Do you have any of the following medical conditions?

Heart Condition Yes No

High Blood Pressure Yes No

Diabetes Yes No

Asthma Yes No

Chronic Headaches Yes No

Nose bleeds Yes No

Seizure Disorders Yes No

Depression Yes No

If you answered **Yes** to any of the above conditions, please provide details;

Do you have any chronic physical limitations, (bad back, joint problems, etc.)? Yes No

Have you been under a Doctor's care in the past 12 months? Yes No

Have you undergone any surgery within the last year? Yes No

If you answered **Yes** to any of the above conditions, please provide details;

4. Medications

Please ensure that you have packed with you any medication(s) that you will require for the duration of your stay at the Lodge.

Are you currently taking any prescription or non-prescription medications? Yes No

If you answered **Yes**, please provide the following information;

Name of the medication(s): _____

What is the daily dosage: _____

What are the side effects to you of this medication? _____

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Are there any effects to you if you miss your medication?

Yes

No

If **Yes**, describe the effects;

What are the effects if you take too much of your medication?

5. Allergies

Do you have any known allergies, or have you ever had a severe allergic reaction?

Yes

No

If your answer was **Yes**, was the reaction localized or systemic?

Localized

Systemic

Please describe what causes the reaction, what happens to you, and how you manage a reaction;

6. Dietary Information

Do you follow a Vegetarian diet?

Yes

No

Do you follow a Vegan diet?

Yes

No

Are you Lactose Intolerant?

Yes

No

Are you Gluten Sensitive?

Yes

No

Additional Notes

Please indicate which of the following that you are **ALLERGIC** to:

Fish

Shellfish

Beef

Pork

Lamb

Other: _____

7. Can you swim?

Yes

No

8. Are you pregnant

Yes

No

If **Yes**, what trimester are you currently in?

First

Second

Third

9. In Case of Emergency Contact Person

Name: _____

Relationship: _____

Tel (Day): _____

Tel (Evening): _____

Cell: _____

I, have completed this Health & Dietary Information questionnaire accurately, truthfully, and to the best of my knowledge. I understand that withholding information could possibly compromise the care provided to me in the event of a medical emergency.

SIGNATURE

DATE
