

HIGH RISK CLEARANCE for SWEAT LODGE

Client: _____

Date: _____

Do you have any medical conditions that we need to be aware of: Yes No
 If yes, what _____

Are you currently taking any medications? Yes No
 What type _____
 Prescribed by: _____

Are you allergic to any medications? Yes No
 What medication _____
 What happens _____

Do you have a history of:

Seizures	Yes	No	Pulmonary conditions	Yes	No
Anorexia	Yes	No	Heart condition	Yes	No
Diabetes	Yes	No			

Do you have:

Headaches	Yes	No	Dizziness	Yes	No
Coughing	Yes	No	Chest Pain	Yes	No
Nausea	Yes	No	Vomiting	Yes	No
Fainting	Yes	No	Pacemaker	Yes	No
Diarrhea	Yes	No	Constipation	Yes	No
Special Diet	Yes	No	Excess weakness or fatigue	Yes	No

Date	Time	B/P	Pulse	Resp.	Temp.	Nurse Assist. Signature

This individual **is/is not** (circle one) cleared to participate in the sweat lodge ceremony

CNA/Nurse Signature: _____