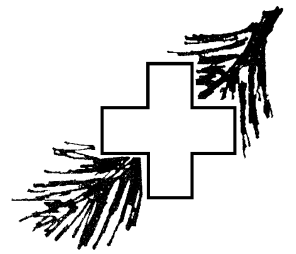
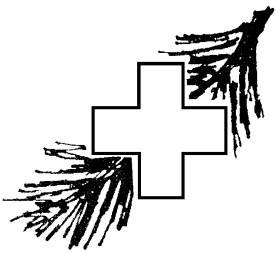


Wilderness Medicine Outfitters Ana – Epi 2-3
Student Information



My highest level of medical training background is _____

Completed in the year _____ I am taking Ana Epi 2 ____ I am taking Ana Epi 3 ____

I have had anaphylactic training in the following manner taken in year _____

If it was a course it was called _____ from _____

Name of my family doctor or control physician is _____

I have had an anaphylactic episode _____ [write correct answer YES or NO]

I am anaphylactic to;

I am interested in taking WMOs Anaphylaxis Epinephrine course for the following reasons

I plan to offer anaphylaxis care to the following group or groups or in the following setting

I understand I must check and follow all states laws regarding delivery of epinephrine to a patient for any state I am in. I understand I will be signing a non disclosure agreement re all materials of this course

Printed Student Name

Address

date

Your Email address

best telephone number and times available