

Participant Medical Form

Name _____

Date of Birth _____

Field courses operate in remote areas where evacuation to modern medical facilities may take an extended period of time. For this reason, it is especially important for students to take proactive care of themselves throughout the course. In order to support the health and safety of everyone, please take the time to fill out this medical form and be ready to give this to us at the beginning of the course. We will keep the information on this form confidential.

Part 1: General Medical History: Do you currently have or do you have a history of:

Respiratory problems? Asthma? Y N
Gastrointestinal disturbances? Y N
Neurological problems? Y N
Epilepsy? Y N
Seizures? Y N
Dizziness or fainting episodes? Y N
Treatment or medication for menstrual cramps? Y N

Disorders of the urinary tract? Y N
Any other health complaint? Y N
Do you see a doctor of any kind? Y N
Currently in, or have you had, treatment or counseling with a mental health professional? Y N

Please explain any yes-s you circled on the back of this sheet:

Part 2: Musculo-skeletal Injuries

Do you currently have any knee, hip, ankle, foot, shoulder, arm, hand, or back injuries (including sprains) and/or operations? (Please explain on the back and include dates:)

Part 3: General

Do you have any allergies? Foods, insect bites or bee stings? (please list on the back)

Are you allergic to any medication? (please list on the back)

Are you currently taking any medications? (Please list on the back)

Do you smoke? If so, how much?

Swimming ability (Circle One): Non-swimmer --- Recreational ---- Competitive

Part 4: Medical Insurance: Do you have medical insurance?

Name and Policy #: _____

Part 5: Emergency Contact: Who should we contact in case of emergency?

Name and Cell phone: _____