

# HEALTH FORM



\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Course Code

\_\_\_\_\_  
Application ID#

## INFORMATION FOR THE STUDENT AND/OR PARENT/GUARDIAN

**Full Disclosure:** In the interest of the health and well-being of both the applicant and the other expedition members, please answer the questions honestly and completely when completing this health form. A "Yes" answer does not automatically cancel your enrollment. It is your responsibility, in conjunction with your healthcare provider, to determine if the course is appropriate and that you can participate fully. If we have any questions on your capacity to complete the course, we will contact you to discuss it. However, failure to disclose a health condition that becomes relevant while on your course may result in dismissal from NOLS without a refund.

By my signature, I confirm that the information provided on this form, will be an accurate and complete representation of my (or the minor student's) health history. I also understand that NOLS' admission of me (or the minor student) to the course is not intended as a representation that NOLS staff will be able to successfully manage a medical event or emergency related to a disclosed, or undisclosed, medical condition.

\_\_\_\_\_  
**\*\*Signature\*\*** (signed by parent/guardian for students under 18 years of age)      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month    Day    Year

**The applicant is not accepted on the course until the health form has been reviewed and approved by NOLS personnel.**

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## INFORMATION FOR THE MEDICAL PROFESSIONAL

**Remoteness:** Field courses offered by the National Outdoor Leadership School (NOLS), are wilderness expeditions operating in remote areas of the world where evacuation to modern medical facilities may take days. There is a detailed course description for every course found here: <http://www.nols.edu/courses/>

**Living conditions:** While participating on a NOLS expedition, students will sleep outdoors, set up their own tents and shelters and share these with one-four other people, cook their own meals and eat in groups of two to four people. Weather conditions can be extreme depending on the course type and may change rapidly. Each student is expected to take good care of themselves.

**Physical demands:** Students can expect to experience physically and emotionally demanding days. Backpacking courses require carrying a backpack that may weigh up to 60 pounds or more over rough and rugged mountainous terrain. Water-based courses may require sitting and paddling continuously for long periods of time and walking on rugged shorelines while carrying heavy items.

**Water disinfection.** NOLS disinfects all wilderness water with chlorine dioxide or by boiling. Chlorine dioxide may not be effective against cryptosporidium. Immunocompromised people may wish to obtain an appropriate water filter for their course.

NOLS is not a rehabilitation program. NOLS is not the place to quit smoking or using nicotine, using alcohol, or drugs, or to work through behavioral or psychological problems.

Prior physical conditioning and a positive attitude are a necessity. Students find a NOLS course to be an extremely demanding experience both physically and emotionally.

Your detailed comments will expedite our review of this form.

Please check YES or NO for each item. Each question must be answered and please **provide date and details for all "yes" answers.**

## General Medical History

Does the applicant currently have or have a history of:

1. Respiratory problems? Asthma?  YES  NO  
Is the asthma well controlled with an inhaler?  YES  NO  N/A  
**If so, please have the student bring one or more metered dose inhalers (MDI) with them for their course (we suggest two, having one as a backup). An aerochamber/spacer is also recommended.**

What triggers an attack? Last episode? Ever been hospitalized for asthma? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Gastrointestinal disturbances?  YES  NO  
3. Diabetes?  YES  NO

Examiner's specific comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Bleeding, DVT (deep vein thrombosis) or blood disorders?  YES  NO  
5. Hepatitis or other liver disease?  YES  NO

Examiner's specific comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Neurological problems? Epilepsy?  YES  NO  
7. Seizures?  YES  NO  
8. Dizziness/vertigo or fainting episodes?  YES  NO  
9. Migraines? Medications, frequency, are they debilitating?  YES  NO

**For questions 6-9, Please describe frequency, date of last episode, and severity.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Disorders of the urinary or reproductive tract?  YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Is the applicant pregnant?  YES  NO  N/A  
(Due to the risk of complications in a remote environment, NOLS does not allow students to attend who are pregnant)

## Cardiac History

12. Any history of cardiac illness or significant risk factors, such as known coronary artery disease, hypertension, diabetes mellitus, hyperlipidemia, tachyarrhythmia, symptomatic bradycardia (syncope, dizziness), unexplained chest pain (especially with exercise) or immediate family history of early cardiac death (<50 years old)?  YES  NO

Depending on the applicant's history, risk factors and age, a stress ECG or waiver from their cardiologist may be required.

Examiner's specific comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Muscle/Skeletal Injuries/Fractures

Does the applicant currently have or have a history within the past three years of:

13. Knee, hip, leg, or ankle injuries (including sprains) and/or surgery?  YES  NO  
Type of injury or surgery? When did the injury or surgery occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there full range of motion? Full Strength?  YES  NO  
What is the most rigorous activity participated in since the injury/surgery? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Shoulder, arm or back injuries (including sprains) and/or surgery?  YES  NO  
Type of injury or surgery? When did the injury or surgery occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there full range of motion? Full Strength?  YES  NO  
What is the most rigorous activity participated in since the injury/surgery? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Any other joint problems?  YES  NO  
Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Head Injury? Loss of consciousness? For how long? YES NO

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Mental Health

Applicants with a history of a mental health condition within the past three years, which may have required psychotherapy, medication, hospitalization or residential treatment, need to be in a period of stability ranging from six months to two years, depending on the condition, before they will be accepted for a course. Applicants need to be gainfully occupied such as attending school or employed. NOLS is not a therapeutic school and is not appropriate for applicants just leaving residential treatment facilities.

17. Has the applicant been diagnosed or treated for a mental health condition? YES NO

18. Is the applicant currently prescribed medication or engaged in psychotherapy for any of the conditions or symptoms noted below? YES NO

19. Please indicate any of the following conditions or symptoms that have been present.

- suicide (thoughts, ideation, attempt)                       ADHD                                       autism spectrum disorder
- substance use disorder (drugs/alcohol)                       anxiety                                       PTSD
- eating disorder (anorexia/bulimia)                       depression                                       self-harm
- obsessive-compulsive disorder                       bipolar disorder
- academic/career/family issues                       other \_\_\_\_\_

Please Provide **Specific** Details and dates of diagnoses and psychotherapy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Does the applicant have any other physical, cognitive, or sensory condition that would require consideration? YES NO

If yes, please describe how the condition affects the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Does this person plan to take any prescription or non-prescription medications on the course? YES NO

**Students who have been prescribed medications by their health care provider must understand the use of their medication and be able to take their medication as prescribed on their own without supervision or assistance from NOLS instructors.**

Medication	Dosage	Date First Prescribed	For What Condition?

**If medications or health condition change prior to course start, please inform NOLS.**

## Allergies

**Individuals with a history of severe allergic (anaphylactic) reactions, regardless of the allergen, are required to bring a personal supply of epinephrine, in a pre-loaded auto-injector, and know how to use it.**

**22.** Is applicant allergic to or have a medically related intolerance to any food?  YES  NO

Describe: \_\_\_\_\_

**23.** Does the applicant have any dietary preferences? (e.g., vegetarian, vegan, gluten free)  YES  NO

NOLS may not be able to accommodate all preferences.

Describe: \_\_\_\_\_

**24.** Has the applicant had any systemic allergic reactions to insects, bee/wasp stings, or medications resulting in hives, swelling of face/lips or difficulty breathing?  YES  NO

Examiner's specific comments: \_\_\_\_\_

\_\_\_\_\_

**25.** Any other allergies?  YES  NO

Examiners Specific Comments: \_\_\_\_\_

\_\_\_\_\_

## Cold, Heat, Altitude

**26.** History of frostbite or Raynaud's Syndrome?  YES  NO

**27.** History of acute mountain sickness, high altitude pulmonary/cerebral edema?  YES  NO

**28.** History of heat stroke or other heat related illness?  YES  NO

When did the injury or illness occur? \_\_\_\_\_

\_\_\_\_\_

**29.** Any other disease or surgery not already mentioned?  YES  NO

Examiner's specific comments: \_\_\_\_\_

\_\_\_\_\_

## Fitness

**30.** Does the applicant exercise regularly?  YES  NO

Activity \_\_\_\_\_ Frequency \_\_\_\_\_

Duration/Distance \_\_\_\_\_ Intensity Level  Easy  Moderate  Competitive

Activity \_\_\_\_\_ Frequency \_\_\_\_\_

Duration/Distance \_\_\_\_\_ Intensity Level  Easy  Moderate  Competitive

**31.** Does this person smoke, vape, or use tobacco products?  YES  NO

Tobacco or nicotine is not allowed on NOLS courses or property. The applicant should quit now.

**32.** Is this person underweight? overweight? If so, how much? \_\_\_\_\_  YES  NO

**33.** Swimming ability (CHECK ONE):  Non-swimmer  Recreational  Competitive

## Physical Examination

The physical examination cannot be more than one year from the starting date of the NOLS course.  
(Please type or print legibly.)

NOLS requires a tetanus immunization within 10 years of the start date of the course. Expeditions outside the U.S. may require additional immunizations. Please refer to your course travel information for specific details.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Blood Pressure      Pulse      Last Tetanus Inoculation      Height (ft/inches)      Weight (lbs.)

Are you vaccinated for COVID-19?  YES  NO

If yes, please be prepared to provide proof of vaccination when you arrive at NOLS.

General Appearance, Impressions and Comments:

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\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Examiner's Name      Phone

\_\_\_\_\_  
Street

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
City      State      Zip

By my signature, I attest that the person named on page 1 of this form is medically cleared to participate on a NOLS course based on the expedition information provided on page 1 of this form along with the background information provided by the applicant and my physical examination of them.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature M.D., D.O., F.N.P., APRN or P.A.      Month      Day      Year: