

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 an applicant's enrollment. If we have any question on the applicant's capacity to successfully 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.

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.

****Signature**** (signed by parent/guardian for students under 18 years of age)

____/____/____
Date

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

INFORMATION FOR THE MEDICAL PROFESSIONAL

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, experience long and physically demanding days, set up their own camp and prepare their own meals. Weather conditions can be extreme depending on the course type. Each student is expected to take good care of themselves. On some courses, students may have the option to fast.

Physical demands on the applicant are considerable. 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, drinking, 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 Hospitalized?

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
6-9. 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? NO YES

• What is the most rigorous activity participated in since the injury/surgery. Results? _____

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? NO YES

• What is the most rigorous activity participated in since the injury/surgery. Results? _____

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 disorder 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 appropriate for applicants just leaving residential treatment facilities.

17. Has the applicant been diagnosed with 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.

- | | | |
|---|---|---|
| <input type="checkbox"/> suicide (thoughts, ideation, attempt) | <input type="checkbox"/> ADHD | <input type="checkbox"/> autism spectrum disorder |
| <input type="checkbox"/> substance use disorder (drugs/alcohol) | <input type="checkbox"/> anxiety | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> eating disorder (anorexia/bulimia) | <input type="checkbox"/> depression | <input type="checkbox"/> self-harm |
| <input type="checkbox"/> obsessive-compulsive disorder | <input type="checkbox"/> bipolar disorder | |
| <input type="checkbox"/> academic/career/family issues | <input type="checkbox"/> 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

NOLS courses travel in remote areas where access to medical care may be one or more days away. The student must understand the use of any prescription medications they may be taking. All students who are required by their personal physician, psychiatrist or health care provider to take prescription medications on a regular basis must be able to do so on their own and without supervision or assistance from NOLS staff.

Medication	Dosage	Date First Prescribed?	For What Condition?
_____	_____	_____	_____
_____	_____	_____	_____

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

Allergies

Regardless of the allergen, individuals with a history of severe allergic (anaphylactic) reactions are required to bring a personal supply of epinephrine, preferably 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

Please provide details concerning the student's exercise regimen:

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. We recommend that the applicant 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

Physical examination data cannot be more than a year old 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 (inches) Weight (lbs.)

General Appearance, Impressions and Comments:

_____ (_____) _____
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. Date: