

# H E A L T H F O R M

<b>For NOLS Office Use Only</b>	<input type="checkbox"/> Initial Review OK	<input type="checkbox"/> Detailed Review OK
<input type="checkbox"/> Check Further	Date ____ / ____ / ____	AO Initials _____

Student's Name	Course Code	Application ID#
(____) _____	(____) _____	
Daytime or Temporary Phone (circle one)	Permanent Phone	
Gender	Age	NOLS Grad
		Non Grad

**NOLS Expedition Information for the Medical Professional**

National Outdoor Leadership School courses are wilderness expeditions, varying in length from eight days to three months. NOLS expeditions operate in remote areas where evacuation to modern medical facilities may take days.

**Weather conditions** can be extreme with temperatures ranging from -40° F. to +100° F. Prolonged storms, high winds, intense sunlight, sudden immersion in cold water and/or high seas are possible.

**Physical demands** on the applicant may include carrying a backpack weighing between 55-85 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. Elevations for backpacking courses range from sea level to 12,000 feet. Peak climbs on mountaineering courses may be as high as 14,000 feet. The India and Denali expeditions may reach elevations of 18,000 feet and 20,000 feet respectively. Physical demands of sea kayaking and river courses require paddling heavily loaded kayaks, canoes or rafts and lifting and carrying boats over uneven terrain.

**Living conditions.** While participating on a NOLS expedition, students will sleep outdoors, experience long physically demanding days, set up their own camp and prepare their own meals. Each student is expected to take good care of him or herself. On some courses, students may have the option to fast without food, for up to five days.

**Water disinfection.** NOLS disinfects all wilderness water with iodine, chlorine, chlorine dioxide or by boiling. Not all of these methods are 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 an enthusiastic mental attitude are a necessity. Students find a NOLS course to be an extremely demanding experience both physically and emotionally.



In the interest of the personal safety of both the applicant and the other expedition members, please consider the questions carefully when completing the health form. A "Yes" answer does not automatically cancel a student's enrollment. If we have any question on the student's capacity to successfully complete the course we will call the student to discuss it.

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

*Your detailed comments will expedite our review of this form.*

**Physician, F.N.P. or P.A.:**

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

**If so, please have the student bring one or more metered dose inhalers (MDI) with them for their course and an aerochamber/spacer is recommended.**

What triggers an attack? Last episode? Ever Hospitalized?

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2. Gastrointestinal disturbances?  YES  NO

3. Diabetes?  YES  NO

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

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4. Bleeding, DVT (deep vein thrombosis) or blood disorders?  YES  NO

5. Hepatitis or other liver disease?  YES  NO

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

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6. Neurological problems? Epilepsy?  YES  NO

7. Seizures?  YES  NO

8. Dizziness or fainting episodes?  YES  NO

9. Migraines? Medications, frequency, are they debilitating?  YES  NO

6-9. Describe frequency, date of last episode, and severity.

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

11. Any disease?  YES  NO

12. Does this person see a medical or physical specialist of any kind?  YES  NO

(provide name / address)

If "yes" please specify the issue(s)

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**Questions 13 and 14 Are For Female Students Only:**

13. Treatment or medication for menstrual cramps? YES NO  
 14. Is she pregnant? YES NO  
 Examiner's specific comments:
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15. Hypertension? YES NO  
 16. Cardiac problems? Unexplained chest pain? YES NO  
 Examiner's specific comments:
- 
- 

**Cardiac Screening:**

A stress ECG is required if the applicant:	Cardiac Risk Factors
1. Is over 35 years old and has 2 cardiac risk factors. 2. Is over 50 years old and has 1 cardiac risk factor. 3. Is over 50 years old and leads a sedentary lifestyle. 4. Is any age with known coronary artery disease. 5. Has completed a cardiac scan and has a calcium score greater than 10. 6. Is over the age of 60.	<ul style="list-style-type: none"> <li>• High blood pressure</li> <li>• Diabetes</li> <li>• Current or prior cardiovascular disease</li> <li>• High blood cholesterol/triglycerides</li> <li>• Family history of heart disease (family member who's had a heart attack at less than 50 years of age).</li> <li>• Smoking</li> </ul>
Please provide a written note from your doctor stating the date of the stress ECG and the results.	

**Muscle/Skeletal Injuries/Fractures**

Does the applicant currently have or does he/she have a history within the past 3 years of:

17. Knee, hip 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 ROM? Full Strength? YES NO  
 • 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)

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

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• Is there full ROM? Full Strength?  YES  NO  
• What is the most rigorous activity participated in since the injury/surgery. Results?

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

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19. 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) \_\_\_\_\_

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20. 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) \_\_\_\_\_

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21 Does the applicant have any physical, cognitive, sensory or emotional condition that would require a special teaching environment?  YES  NO  
If yes, please describe how the condition effects you: \_\_\_\_\_

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### Personal History (Counseling/Psychiatric/Learning Disabilities)

Students with a counseling history that requires medication or has included hospitalization or residential treatment, needs 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.

22. Has he/she had treatment, counseling or hospitalization with a mental health professional?  YES  NO

23. Is he/she currently in treatment or counseling?  YES  NO

24 Reasons for treatment or counseling?

- |  |  |
|--|--|
| <input type="checkbox"/> suicide                             | <input type="checkbox"/> ADD/ADHD              |
| <input type="checkbox"/> substance abuse/chemical dependency | <input type="checkbox"/> family issues/divorce |
| <input type="checkbox"/> eating disorder (anorexia/bulimia)  | <input type="checkbox"/> depression            |
| <input type="checkbox"/> academic/career                     | <input type="checkbox"/> other _____           |

Please Provide **Specific Dates** and Details of Counseling Hx and medications that were prescribed: \_\_\_\_\_

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25. Name and telephone number of therapist?

\_\_\_\_\_  
Name (\_\_\_\_\_) \_\_\_\_\_  
Phone



**Allergies**

26. Is he/she allergic to any foods? YES NO

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

27. Are there any dietary restrictions? Please specify. YES NO

vegetarian  vegan  other

28. Allergic to insect bites or bee stings? YES NO

If appropriate please bring a personal supply of epinephrine, preferably in a pre-loaded autoinjector, and know how to use it.

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

29. Any other allergies? YES NO

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

30. Water may be disinfected with iodine. Is iodine contraindicated? YES NO

**Medications**

31. Is he/she allergic to any medications? YES NO

If yes, please list: \_\_\_\_\_

32. 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. Written specific instructions are necessary. 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 additional supervision.**

Medication    Dosage    Side Effects/Restrictions    Prescribed by?    For What Conditions?

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

**If Medication or Condition Changes Prior to Course Start, Please Inform NOLS.**

**Cold, Heat, Altitude**

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

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

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

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

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



**Fitness (please provide details concerning the students exercise regime)**

36. 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

37. Does this person smoke? If so how much? YES NO

There is no smoking allowed on NOLS courses. We recommend that applicant quit now.

38. Is this person overweight? Underweight? If so, how much? \_\_\_\_\_ YES NO

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

**Physical Examination**

Physician must read and fill out pages 1-6. **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 description for specific information.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Blood Pressure Pulse Last Tetanus Inoculation Height Weight

General Appearance, Impressions and Comments:

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

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

\_\_\_\_\_  
Street Address State Zip

\_\_\_\_\_  
Physician, F.N.P. OR P.A. Signature Date: / \_\_\_\_\_ / \_\_\_\_\_

**By my signature, I attest that the information in this form is correct and the person named on page one 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 him/her.**

**Please Return All Six Pages To:** NOLS, 284 Lincoln St. Lander, WY 82520

