

H E A L T H F O R M
Self-screening health form for NOLS Professional Training

NAME: _____ COURSE TITLE: WFLE 01/29/2012

MOBILE PHONE: (____) _____ HEIGHT: _____ WEIGHT: _____

PRIMARY PHONE: (____) _____ SEX: _____ AGE: _____

National Outdoor Leadership School (NOLS) courses are wilderness expeditions. 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 depending on the course type and location.

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. Physical demands of sea kayaking and river courses require paddling heavily loaded kayaks, canoes or rafts and lifting and carrying boats over uneven terrain.

While 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.

NOLS disinfects all wilderness water with iodine, chlorine or by boiling. Not all of these methods are effective against cryptosporidium. Immunocompromised people may wish to obtain an appropriate water filter.

NOLS is not a rehabilitation program, nor 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 safety, of yourself and other expedition members, please carefully consider the above description along with the specific description of the trip you are applying for when completing this Medical Form. A "Yes" answer does not necessarily cancel your enrollment. If we have any questions on your capacity to successfully complete the trip we will call you and discuss it.

PARTICIPANT: Please circle YES or NO for each item. **If you circle YES, please explain briefly in the space provided.**

GENERAL MEDICAL HISTORY

Do you currently have or do you have a history of:

- | | | |
|---|---------|-------|
| 1. Respiratory problems? Asthma? _____ | 1. YES | NO |
| 2. Gastrointestinal disturbances? _____ | 2. YES | NO |
| 3. Diabetes? _____ | 3. YES | NO |
| 4. Hypertension? _____ | 4. YES | NO |
| 5. Bleeding or blood disorders? _____ | 5. YES | NO |
| 6. Hepatitis or other liver disease? _____ | 6. YES | NO |
| 7. Neurological problems? Epilepsy? _____ | 7. YES | NO |
| 8. Seizures? _____ | 8. YES | NO |
| 9. Dizziness or fainting episodes? _____ | 9. YES | NO |
| 10. Treatment or medication for menstrual cramps? _____ | 10. YES | NO |
| 11. Disorders of the urinary or reproductive tract? _____ | 11. YES | NO |
| 12. Any other health complaint? _____ | 12. YES | NO |
| 13. Do you see a Medical/Physical specialist of any kind? _____ | 13. YES | NO |
| 14. Are you pregnant? _____ | 14. YES | NO NA |
| 15. Currently in, or have you had, treatment or counseling with a mental health professional? _____ | 15. YES | NO |



16. Cardiac problems? _____ 16. YES NO

Cardiac Screening: PLEASE DISREGARD IF YOU ARE ON A COURSE 2 DAYS OR LESS

A stress ECG is required if the applicant is:	Cardiac Risk Factors:
1. Over 35 years old and has 2 cardiac risk factors. 2. Over 50 years old and has 1 cardiac risk factor. 3. Over 50 years old and leads a sedentary lifestyle. 4. Any age with a known heart condition. Please provide a written note from your doctor stating the date of the stress ECG and the results.	<ul style="list-style-type: none"> • High Blood pressure • Diabetes • Current or prior cardiovascular disease • High blood cholestrol • Family history of heart disease (family member who's had a heart attack at less than 55 years of age). • Smoking

The stress ECG requirement may be waived for applicants who are over 50 years of age with no cardiac risk factors and who are in good physical condition. **Their physician must provide a note that the applicant has a) no cardiac risk factors and b) excellent cardiac health.**

MUSCLE/SKELETAL INJURIES

Do you currently have or do you have a history of:

17. Knee, hip, ankle, shoulder, arm or back injuries (including sprains) and/or operations? (Please explain and include dates:) _____ 17. YES NO

ALLERGIES/MEDICATIONS

18. Any allergies? Foods, insect bites or bee stings? _____ 18. YES NO

19. Are there any dietary restrictions? Please specify. _____ 19. YES NO

20. Are you allergic to any medication? _____ 20. YES NO

21. Are you currently taking any medications? (Please list below) _____ 21. YES NO

Medication	Dosage (amt/freq)	Side Effects/Restrictions
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22. History of Frostbite or Acute Mountain Sickness? _____ 22. YES NO

23. History of heat stroke or other heat related illness? _____ 23. YES NO

FITNESS

24. Do you exercise regularly? _____ 24. YES NO

Activity	Frequency	Duration/Distance	Intensity Level (Easy/Moderate/Competitive)

25. Do you smoke? If so, how much? _____ 25. YES NO

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

NOLS SUGGESTS A TETANUS IMMUNIZATION WITHIN 10 YEARS OF THE START DATE OF THE COURSE.

The information provided above is a complete and accurate statement of any physical and psychological conditions that may affect my participation in this trip. I realize that failure to disclose such information could result in serious harm to myself and fellow students. I agree to inform NOLS should there be any change in my health status prior to the start of the trip. On the basis of the background information at the beginning of this form, and what I know or suspect about my physical and psychological health, I am fully capable of participating in this NOLS trip.

PARTICIPANTS SIGNATURE: _____ **DATE:** _____



NOLS Professional Training
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