

# WILDERNESS MEDICINE EXPEDITION

## *Welcome Letter & Forms Packet*

Welcome to the Wind River Range Backpacking Expedition!

Thank you for your participating in this unique training opportunity through NOLS Wilderness Medicine. **Your course code is WME 8/23/20 (Course ID 14972).**

This packet includes the WME course statement, student agreement form, health form, and insurance form. These forms should be returned with your tuition balance by **June 24<sup>th</sup>, 2020**. Final acceptance on this course is contingent upon receipt and approval of the materials listed, as well as tuition balance.

In addition, there are several documents for you to read in preparation for your course, including: Course Description, Travel & Logistics, Equipment List, and Required Reading accessible at: <https://www.nols.edu/portal/wmi/courses/14972/>

For further questions regarding course travel and logistics, please contact the NOLS Wilderness Medicine Admissions team at 1-866-831-9001 or [wilderness\\_medicine@nols.edu](mailto:wilderness_medicine@nols.edu).

Please plan for a focused but fun course. Don't hesitate to phone or email us with any questions or suggestions you may have.

Sincerely,

NOLS Wilderness Medicine Admissions Team  
284 Lincoln St.  
Lander, WY 82520  
[wilderness\\_medicine@nols.edu](mailto:wilderness_medicine@nols.edu)  
Direct Line 1-866-831-9001  
Fax 307-335-2355

**Course Statement**  
**Wilderness Medicine Expedition**  
**Wind River Range Backpacking, Lander, WY**  
**August 23 – August 31, 2020**

The **DEADLINE** to submit enrollment forms and payment for balance of course fees is **JUNE 24, 2020**.

Student Name: \_\_\_\_\_

In addition to this 2-page Course Statement, please return the following information from the forms packet:

\_\_\_\_\_ Student Agreement Form (including assumption of risks and agreements of release and indemnity)

\_\_\_\_\_ Health Form

\_\_\_\_\_ Insurance Form

**Tuition and Balance Due**

Tuition	\$2,425.00
<i>Tuition Protection Program (optional)</i>	\$145.50
Less: Deposit	(\$500.00)
<b>Balance Due</b>	<b>\$2,070.50</b>

A deposit of \$500 is required to reserve your spot on the course. Payment in full is welcome. The balance of tuition is due 60 days prior to the first day of the course. You can pay your balance by mailing in a check (with driver's license number), calling the WMI office with credit card information (Visa or MasterCard), or online at <https://www.nols.edu/portal/account/login/>. If you do not have an account, you can create one.

**NOLS Cancellation Policies**

- If you cancel or leave a course for any reason:
  - Between 60 and 46 days prior to the course starting date, NOLS will retain 50% of total course tuition.
  - Less than 45 days prior to course start date and once the course has begun, there will be no refunds.
- Participants will be required to reimburse NOLS for the expenses incurred in evacuating them from the course.
- Although we rarely need to do so, we reserve the right to cancel a course or change a course duration, tuition or location. NOLS is not responsible for associated costs in these cases.

**Tuition Protection Plan (To accept coverage, no further action is necessary)**

A plan cost equal to 6% of your tuition is included in your balance due for the Tuition Protection Program. More information can be found [here](#).

This Tuition Protection Program is strongly recommended to protect your tuition investment. If you have further questions, please call the office for us to send plan information to you specific to your state or province of residence. You may decline the protection provided by this plan anytime prior to payment of plan cost by completing this form.

**Declination of Tuition Protection Program:** I have read and understand the Brochure and General Student Tuition Program Information. I wish to decline the Tuition Protection Program:

Signature Declining Coverage: \_\_\_\_\_ Date: \_\_\_\_\_

**Person to notify in case of emergency (required for all applicants)**

Name: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Relationship to applicant (circle one): Parent Spouse Other relative Friend Guardian Employer Partner

**Applicant's Work History**

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

**Admission Policies**

NOLS seeks students who are motivated to learn outdoor skills and develop leadership, are in good health both physically and emotionally, and are socially responsible. NOLS is not an appropriate choice for individuals dealing with behavioral, motivational or rehabilitation issues. We will deny admission to anyone we believe to be unable to meet the physical, mental, social or safety demands of our courses.

**Student Behavior and Discipline**

NOLS will expel any student who exhibits behavior that is unsafe or disrupts or distracts from the educational mission of a course. Harassment, use of drugs and alcohol, theft or misuse of property, low motivation and disregarding instructions are examples of behavior that will lead to expulsion. If a student is expelled, there will be no refund.

**Equal Opportunity**

NOLS does not discriminate on the basis of race, color, religion, creed, sexual orientation, national origin, age or disability in the administration of its admission or employment policies.

I have read, understand, accept and agree to abide by the rules, policies and guidelines set forth in the NOLS information. I understand the relationship between NOLS and me will be governed by the substantive laws of the State of Wyoming and any suit, mediation, or arbitration of any dispute with NOLS must be filed exclusively in the State of Wyoming. I understand that I am not accepted on my course until all the enrollment forms have been received and approved by NOLS. I give NOLS permission to share my contact information with other NOLS students or graduates and/or with environmental organizations or strategic partners in which NOLS graduates may be interested. I also give NOLS permission to use my name, contact information and picture in promotional materials.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# STUDENT AGREEMENT

(INCLUDING ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS & AGREEMENTS OF RELEASE & INDEMNITY)



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Student Name (Print)

Application ID #

Please read this document carefully. It must be signed by all students and a parent or guardian if the student is a minor. "Student" includes adult and minor students, unless indicated otherwise. In consideration of the services provided by the National Outdoor Leadership School, hereafter referred to as NOLS, I agree, for myself (and for the minor student if I am signing as a parent or guardian), to the following:

## ACTIVITIES AND RISKS

I understand that NOLS courses primarily live, camp and travel out of doors, but may also include indoor classrooms. Activities vary from course to course and can include, but are not limited to, camping, hiking, and backpacking through mountainous and other terrain, mountaineering and climbing on rock cliffs, steep snow, ice or glaciers, whitewater kayaking, rafting, and canoeing, sea kayaking, ocean sailing, horsepacking, skiing, snowboarding, fishing, caving, and service work such as trail building. I further understand and acknowledge that the activities of the courses have risks, some of which are inherent. Inherent risks are those which cannot be eliminated without destroying the unique character of the activities. The same elements that contribute to the unique character of these activities and promote our educational objectives can cause loss or damage to equipment, accidental injury, illness, or, in extreme cases, permanent trauma, disability or death. The following describes some, but not all, of the inherent risks of NOLS courses:

- NOLS activities may be strenuous, physically and emotionally.
- NOLS courses usually occur in remote places. They occur on lands open to the public, and exposed to the acts of persons not associated with NOLS and who may pose risks. The remote locations may be many days from medical facilities. Communication and transportation are difficult and evacuations and medical care may be significantly delayed.
- Physical activities include, but are not limited to, walking, hiking, backpacking, climbing, paddling, repetitive lifting, and use of hand tools. Certain activities will require travel by vehicle, raft, canoe, kayak, sail and other boats, horse, aircraft, train, skis, snowboards, on foot and by other means, over improved and unimproved roads, rugged trails and off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossings, high mountain passes, snow and ice, steep slopes, slippery rocks, steep or crevassed glaciers, ocean tides, currents, waves, surf, and reefs. Travel risks include collision, falling, capsizing, drowning, becoming lost, and other risks usually associated with such travel, including environmental risks.
- Environmental risks and hazards include, but are not limited to, flowing, deep and/or cold water; harmful insects, snakes, predators, and large animals; falling and rolling rock; lightning, avalanches, flash floods, falling timber, and forces of nature, including weather which may change to extreme conditions quickly or unexpectedly. Possible injuries and illness include hypothermia, frostbite, immersion foot, high altitude illnesses, sunburn, heatstroke, dehydration, insect or animal-borne diseases, and other mild or serious conditions.
- Camping risks include, but are not limited to, injuries such as burns and cuts, sprains, strains and other injuries from slips, falls, and lifting, and illnesses including diarrhea and flu-like illness. Meals are prepared over gas stoves and open fires. Water may require disinfection before use. Students with food allergies or sensitivities may come in contact with offending food types.

- Equipment may fail or malfunction.
- On most courses wilderness first aid training is conducted and students may participate in realistic simulated injury and illness scenarios and will at times act the role of patient, being handled, carried and otherwise treated as patients of a simulated medical emergency. Risks may include being dropped or otherwise mishandled while being carried; unwelcome touching while acting in the role of patient in a scenario; and emotional distress in response to training scenarios.
- In addition, on courses that include a wilderness medicine training module through NOLS Wilderness Medicine, students may also use and practice with various medical equipment.
- In addition, on courses that include a wilderness EMT module (Wilderness Rescue Semester) that is taught in town, students will spend some of their time at local hospitals in contact with patients. They also may need to arrange their own transportation to locations away from the primary classroom to practice scenarios or training at local hospitals. This travel is not supervised by NOLS and includes the use of personal vehicles and/or carpooling in vehicles not owned or controlled in any way by NOLS.
- Decisions made by the instructors, other staff (including volunteers), contractors and students will be based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgment. Misjudgments may pertain to, among other things, a student's capabilities, environment, terrain, water and weather conditions, natural hazards, travel routes, and medical conditions.
- On most NOLS courses, small groups of students travel at times during the day, and possibly for several days and nights, without instructors.
- NOLS is not responsible for students, including minors, before and after their course (per stated beginning and ending dates and times). On some courses students, including minors, may have "free" time in a town or other locations out of the field while in transition from one field section to the next. NOLS has no responsibility for students during this free time and students accept the risks that arise from this unsupervised free time. NOLS staff may from time to time provide assistance or even accompany students in these free time activities, but in doing so, they are acting as private individuals, and NOLS is not responsible for their conduct.
- During the course, between the stated start and end dates and times, except during free time as described above, students are considered to be "participating" in their NOLS course. Participation includes, but is not limited to, involvement with activities, time spent at rest and while sleeping, and during formal classes. However, NOLS cannot continually monitor the behavior and activities of students and students must accept responsibility for themselves and others and accept the risks, whether or not under the direct supervision of NOLS staff.
- NOLS courses in foreign countries may be exposed to laws, legal systems, customs and behaviors, and to animals, diseases, and infections, not common to the United States. In addition, these courses may be subject to dangerous road travel, political unrest, riots, demonstrations, banditry, terrorism, and other criminal conduct, including drug related activities.
- NOLS courses are instructional in nature. Students accept the risks of instructional activities, which are intended to challenge students to expand their skills and judgment.

I have read and understand the general information about NOLS and its courses on the NOLS website, the NOLS Viewbook, student handbook, learning goals and objectives and other NOLS enrollment materials. This information includes NOLS' Admission Policies, the statement titled Risk Management at NOLS, the course description and other material provided by NOLS describing or related to my course. I agree to the terms and policies stated in all the above-mentioned materials. The staff of NOLS has been available to more fully explain the nature and physical demands of the activities in which I (or the minor student) will be engaged, and certain inherent and other risks of my NOLS activity.

## ACKNOWLEDGMENT AND ASSUMPTION OF INHERENT AND OTHER RISKS

I understand and acknowledge that the description above (“Activities and Risks”) of the inherent risks of NOLS’ courses is not complete and that other, including unknown or unanticipated, risks, inherent and otherwise, may result in injury, illness, death, or property loss. I acknowledge that my (or the minor student’s) participation in this NOLS course is purely voluntary, and I wish to (or have the minor student) participate in spite of and with knowledge of the inherent and other risks involved. **I acknowledge and assume the inherent risks described above and all other inherent risks of my (or the minor student’s) NOLS course as well as any other risks of enrolling, participating in, or being present on a NOLS course or during free time. For activities that occur on National Park Service land and to the extent required by law, the above acknowledgement and assumption of risks is limited to assuming only the inherent risks.**

## AGREEMENTS OF RELEASE AND INDEMNITY

**I hereby forever release, hold harmless and agree not to sue NOLS, its officers, trustees, agents, and staff including employees, volunteers and interns (“Released Parties”),** with respect to any and all claims of loss or damage to person or property by reason of injury, disability, death, or otherwise, suffered by me (or by a minor student for whom I sign), arising in whole or part from my (or the minor student’s) enrollment, participation, or presence on a NOLS course. **I agree further to indemnify (“indemnify” meaning to defend, and to pay or reimburse, including costs and attorney’s fees) Released Parties** against any claim by a member of my (or the minor student’s) family, a rescuer, another student, or any other person, arising in whole or part from an injury or other loss suffered by or caused by me (or by the minor student), in connection with my (or the minor student’s) enrollment, participation in, or presence on a NOLS course. This release and indemnity includes any and all claims arising before or after the course or during any free time. **These agreements of Release and Indemnity are intended to be enforced to the fullest extent permitted by law and include claims of negligence, but not claims of gross negligence or intentionally wrongful conduct. For activities that occur on National Park Service and U.S. Forest Service Region Four lands and to the extent required by law, the above release and indemnity provisions are limited to claims arising from my (or the minor student’s) acts or omissions.**

## OTHER PROVISIONS

I have verified with my (or the minor student’s) physician and other medical professionals, or otherwise satisfied NOLS, that I have (or the minor student has) no past or current physical or psychological condition that might affect my (or the minor student’s) participation on the course, other than as described on the health form submitted to NOLS. I understand my health form will be viewed, as necessary, by NOLS admissions staff, course instructors, and certain other staff. I am (or the minor student is) able to participate without causing harm to myself (or to himself or herself) or to others. The medical information given to NOLS is accurate and all pertinent medical conditions have been disclosed. Prior to the commencement of the course, NOLS will be informed of any medical condition that has not been previously disclosed or any changes in medical conditions or medications. I 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 manage successfully a medical event or emergency related to a disclosed, or undisclosed, medical condition. The responsibility for determining a student’s suitability for a course is not NOLS’ but, rather, the student’s, guided by family and her or his physician. NOLS reserves the right to refuse admission or remove a student from a course for any reason it deems in the best interests of the student or the school.

NOLS is authorized to obtain or provide emergency hospitalization, surgical or other medical care for me (or for the minor student). I understand that situations may arise in which third-party medical care is not available and which require NOLS staff to provide first aid and possibly more advanced procedures, employing wilderness first responder training. Such care will be provided under the guidance of the NOLS medical advisor by way of NOLS’ written medical protocols. Any third-party medical care provider is





# 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.**

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## 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?

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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/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.

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

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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:

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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:

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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.      Date:



# INSURANCE FORM

**NOLS requires that all students have their own health insurance.** Please complete this form so that we will have information concerning your insurance coverage. It is your responsibility to make sure your insurance will cover you for the duration of the course.

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

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

\_\_\_\_\_  
Birth Date (dd/mm/yyyy)

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

**Please Attach a Photocopy of Your Insurance Card.**

## NAME AND ADDRESS OF PERSON UNDER WHOSE NAME THE POLICY IS CARRIED

\_\_\_\_\_  
Name Street Address

\_\_\_\_\_  
City, State/Province Zip/Postal Phone Date of Birth

## INSURANCE COMPANY INFORMATION

\_\_\_\_\_  
Name Policy Number

\_\_\_\_\_  
Group Number (if you have one) Agreement Number (if you have one)

## ADDRESS WHERE CLAIMS MUST BE SUBMITTED

\_\_\_\_\_  
Name Street Address

\_\_\_\_\_  
City, State/Province Zip/Postal Phone

## IF GROUP INSURANCE, GIVE NAME OF GROUP (EMPLOYER, UNION OR ASSOCIATION THROUGH WHICH THE STUDENT IS INSURED)

\_\_\_\_\_  
Name