



## NOLS WILDERNESS MEDICINE

### **Medicine in the Wild Tucson, AZ April 9 - May 4, 2023**

Welcome to the NOLS Wilderness Medicine's Medicine in the Wild course!

Congratulations on your acceptance to this unique training opportunity. **Your course code is MED 4/19/2023 (Course ID 18359).**

Your instructors will include faculty from NOLS Wilderness Medicine and a senior resident from the Harvard Affiliated Emergency Medicine Residency. The course medical director is Dr. Stuart Harris, Director of Wilderness Medicine, Department of Emergency Medicine, Massachusetts General Hospital.

**You should fill in the forms included in this document and submit them by the due dates listed below.**

#### **Forms due February 23, 2023 include:**

- NOLS Wilderness Medicine Course Statement
- NOLS Student Agreement
- Health Information
- Insurance Information
- COVID-19 Disclosure

#### **Form due March 10, 2023:**

- Travel Itinerary

**You should read these documents to support your course preparation. They can be found [here](#) and include:**

- Course Description
- Travel and Logistics Information
- Equipment List
- Syllabus for Medical Schools
- NSH Letter to Deans

Please plan for a very focused but fun course. Don't hesitate to contact us with questions: 1-866-831-9001 ext 2 (M-F 1-4:30pm MT or by appointment) or [wilderness\\_medicine\\_wemt@nols.edu](mailto:wilderness_medicine_wemt@nols.edu).

Lou Gordon  
WEMT Admissions Supervisor

# NOLS WILDERNESS MEDICINE

Medicine in the Wild (18359)

April 9 - May 4, 2023

## COURSE STATEMENT pg 1

**The deadline to submit enrollment forms and payment of balance: February 23, 2023.**

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

### **Please return these forms:**

- \_\_\_\_\_ This 3-page Course Statement
- \_\_\_\_\_ Student Agreement (including assumption of risks and agreements of release and indemnity)
- \_\_\_\_\_ Health Information
- \_\_\_\_\_ Insurance
- \_\_\_\_\_ Travel Itinerary (due March 11, 2022)

### **Balance Due**

<b>Tuition</b>	<b>\$5,500</b>
<b>Less: Deposit</b>	<b>(\$500)</b>
<b>Balance Due</b>	<b>\$5,000</b>

### **Ways to Pay Your Balance**

- Online at <https://www.nols.edu/portal/account/login/>. If you do not have an account you can create one.
- Call the office with a credit card number: 1-866-831-9001 ext 2 (M-F 1-4:30pm MT)

### **NOLS Cancellation Policies**

For Medicine in the Wild (MED) course, if you cancel or withdraw or transfer from a course:

- 45 days or greater prior to the course start date - Students may cancel the course, and will receive a refund less a \$50.00 fee.
- Less than 45 days prior to the course start date - The course is non-refundable or transferable. Tuition in full is due at 45 days.
- Once the course has begun, the full tuition is non-refundable and non-transferable. NOLS will consider exceptions on a case by case basis.

## NOLS WILDERNESS MEDICINE

### COURSE STATEMENT pg 2

#### Person to Notify in Case of Emergency (Required for all applicants)

Name: \_\_\_\_\_ Phone: Day (\_\_\_\_) \_\_\_\_\_ Eve. (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

Relationship to applicant: parent spouse other relative friend guardian  
employer partner

**Dietary Restrictions** \_\_\_\_\_

**Food Allergies** \_\_\_\_\_

#### Medical School Information (Must be a 3<sup>rd</sup> or 4<sup>th</sup> year medical student to participate)

Year: \_\_\_\_\_ School: \_\_\_\_\_

Residency Interest Area: \_\_\_\_\_

Did you sign up with another medical student you wish to camp with? If so, who? \_\_\_\_\_

#### Admission Policies

NOLS seeks students who are motivated to learn outdoor skills and develop leadership, are in good health, 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.

#### 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. A qualified student is one who meets the [NOLS Essential Eligibility Criteria \(EEC\)](#) and/or the [NOLS Wilderness Medicine EEC](#). If NOLS reasonably determines that a disability could lead to an inappropriate level of danger to the student or others, based upon a particular activity, then that person may be ineligible for that particular course but would not be excluded from consideration for other opportunities offered by NOLS.

## NOLS WILDERNESS MEDICINE

### COURSE STATEMENT pg 3

#### **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.

#### **Drug and Alcohol Policy**

The possession or use of any type of illegal drugs or alcohol is strictly forbidden during your course. Students in violation of the drug and alcohol policy will be expelled from their course.

#### **Tobacco and Nicotine Policy**

The use of tobacco and nicotine products (including gum, patches and e-cigarettes) is not allowed at any time during your NOLS course. Students found violating the tobacco and nicotine policy will be subject to disciplinary action, and that violation may warrant expulsion.

#### **Personal Electronics**

A key element to a NOLS education is time spent in wilderness. The benefits of this include being closer to nature, time away from society and civilization, and being in an environment where natural forces predominate. NOLS does not permit students to use personal cell phones, smartphones, satellite phones or other communication devices including personal locator devices (e.g. SPOT), while in the backcountry. Additionally, students are not permitted to take personal music players (iPods/MP3 players, etc.) or to use tablets (i.e., iPads) as cameras in the backcountry. Instructors will be carrying sufficient communication equipment (usually a satellite phone) to handle emergencies that may arise. Additionally, each daily travel group will be carrying a personal locator beacon on backcountry sections.

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 me and NOLS 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)

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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; horsepacking, skiing, or snowboarding; canoeing, kayaking, and rafting on whitewater and flatwater rivers or lakes; ocean sea kayaking and sailing; fishing, and caving. Some courses may perform service work such as trail building or participate in cultural exchange activities where students live with local host families, which may include doing farm or ranch chores. 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, including crossing rivers on foot; climbing cliffs, steep slopes, and trees; paddling boats; repetitive lifting, and use of hand tools. At times students will be in close physical proximity to one another or instructors. 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, high mountain passes, snow and ice, steep slopes, slippery or loose rocks, steep or crevassed glaciers, ocean tides, currents, waves, surf, and reefs. **Travel risks** include collision, falling, capsizing, becoming lost, and other risks usually associated with such travel, and 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; weather which may change to extreme conditions quickly or unexpectedly; and other forces of nature such as, but not limited to, earthquakes, landslides, tsunamis, and wildfire.
- Meals are prepared over portable 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.
- **Injuries** may include, but are not limited to, burns, cuts, skin infections, sprains, strains, fractures frostbite,

immersion foot, sunburn, drowning, and other injuries from slips, falls, lifting and exposure to the environment. **Illnesses** may include, but are not limited to, allergic reactions, hypothermia, high altitude illnesses, heatstroke, dehydration, communicable and other infectious diseases from insects, animals, or people such as diarrhea, flu-like or respiratory illness, and other debilitating or life-threatening conditions including COVID-19 and other diseases caused by coronaviruses.

- 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; being touched while acting in the role of patient in a scenario; and emotional distress in response to training scenarios.
- On courses that include a wilderness medicine training module through NOLS Wilderness Medicine, students may also use and practice with various medical equipment.
- On courses that include a wilderness EMT module (Wilderness Rescue Semester) students will spend some of their time at local hospitals in contact with patients. Risks include those associated with contact with sick or injured patients.
- Certain courses, such as those with EMT modules or Leave No Trace courses, students need to arrange their own transportation to locations away from the primary classroom for training in practice scenarios or at local hospitals or to and from the course area. This travel is not supervised by NOLS and includes the use or sharing of personal vehicles that are 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 or for early departure due to evacuation, expulsion, or separation). 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 which includes, but is not limited to, NOLS Admission Policies, Risk Management at NOLS, the NOLS Student Handbook, Positive Learning Environment, NOLS Learning Goals and Objectives, the course description and other materials provided by NOLS in print or electronic form 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 and U.S. Forest Service Region Four lands 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. Nothing in this Acknowledgment and Assumption of Risks & Release and Indemnity Agreement shall be interpreted as me (or the minor student) releasing NOLS from liability for injuries, damage, death, or other loss to me (or the minor student) or others that may occur within the jurisdiction of the National Park Service and U.S. Forest Service Region Four and is caused by NOLS’ negligence, gross negligence, recklessness, or intentional conduct, including but not limited to any negligence with respect to NOLS’ judgments and decisions, or NOLS’ failure to take reasonable precautions to ensure it provides me (or the minor student) with safe and defect-free equipment.**

## **OTHER PROVISIONS**

I have verified with my (or the minor student’s) physician and/or 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) ability to participate without causing harm to myself 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 admission staff, course instructors, and certain other staff. 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. I understand that it is my responsibility, in conjunction with my (or my child’s) healthcare provider, to decide if the course is appropriate and that I (or the minor student) can participate fully. However, NOLS reserves the right to refuse admission or remove a student from a course for any reason it deems is in the best interests of the student or the school.



NOLS is authorized to obtain or provide emergency evacuation, 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 authorized to exchange pertinent medical information with NOLS. Costs associated with medical services, including evacuation, shall be borne by me.

I understand that NOLS will gather student feedback for program improvement, including routine end-of-course program evaluations and occasional pre-course and post-course measures related to knowledge about the NOLS curriculum, with the expectation that sources remain anonymous in any publication of these findings.

NOLS may from time to time use the services of private contractors for certain tasks, including, for example, transportation to and from course areas or in the event of an evacuation from the field. NOLS is not responsible for the acts or omissions of such contractors.

I agree to be responsible for any damage I (or the minor student) may cause to NOLS facilities or gear. NOLS is not responsible for loss, theft or damage to a student's personal belongings stored at NOLS facilities.

If during my NOLS course I voluntarily withdraw or am expelled, NOLS reserves the right to notify a parent, guardian, or emergency contact person.

Any dispute between me (or the minor student) and NOLS will be governed by the substantive laws (not including the laws which might apply the laws of another jurisdiction) of the State of Wyoming and I consent to jurisdiction in Wyoming. Any mediation or suit shall occur or be filed only in the State of Wyoming.

If any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

**The student and the parent(s) or guardian of a minor student have read this page and the previous 3 pages of this document and understand and voluntarily agree to its terms, which shall be binding upon them, their heirs, estate, executors, and administrators. Any modifications of this agreement must be approved by NOLS in writing. I intend an electronic signature or an electronic copy of my signature to be as valid as an original handwritten signature.**

_____	_____	_____/_____/_____
Student Signature	Age	Date Signed

If the student is under 18 years of age (or if the student is a resident of Alabama and is under 19 years of age) (or if the student is a resident of Mississippi and is under 21 years of age), at least one parent or guardian must also sign. I agree for myself, and on behalf of the minor student, to all of the terms in this agreement. I have legal authority to act on behalf of the minor student.

_____	_____/_____/_____
Parent/Guardian Signature	Date Signed

**Please return all four pages of this document to NOLS.**



# HEALTH FORM



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Student's Name

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Age

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Course Code

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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.

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**\*\*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? \_\_\_\_\_

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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

**For questions 6-9, Please 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? ☐ 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.

- |   |   |   |
|---|---|---|
| <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: \_\_\_\_\_

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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?
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_____	_____	_____	_____
_____	_____	_____	_____

**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:

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

\_\_\_\_\_  
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:



# 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



