



## Expedition Health Form

Utah Canyoneering | Undergraduate

### Consent and Authorization

It is important that Wharton Leadership Ventures and its external venture providers be made aware of medical or emotional issues, past or current, as even mild physical or psychological conditions can become serious under the stresses of life in an unfamiliar environment.

The information provided by you and your physician(s) will remain confidential. By signing below, you consent to the information being shared with Wharton Leadership Ventures program staff, your venture provider, and other appropriate professionals, if pertinent to your well-being or your participation in the venture program.

You also authorize by your signature below the release of any medical information that may be relevant in the opinion of your health care provider to your participation in this external venture program.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# HEALTH FORM

## SELF-REPORTING FORM



Name: \_\_\_\_\_ Course Title: \_\_\_\_\_

Temporary or Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Permanent Phone: (\_\_\_\_\_) \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

As a student of the National Outdoor Leadership School (NOLS), your health history is important for your safety as well as other course members. Please carefully consider the specific description of the course you are applying for when completing this health form. For any “yes” answers please provide additional information. If we have questions we will discuss them with you prior to going into the field.

NOLS disinfects all wilderness water with 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.

**PARTICIPANT:** Please circle YES or NO for each item. Each question must be answered. **If you circle YES, please explain briefly in the space provided or attach an additional page.**

### General Medical History

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

1. Respiratory problems? Asthma? \_\_\_\_\_ 1. YES NO  
Is the asthma well controlled with an inhaler? What triggers an attack? Last episode? Ever hospitalized?

2. Gastrointestinal disturbances? \_\_\_\_\_ 2. YES NO

3. Diabetes? \_\_\_\_\_ 3. YES NO

4. Bleeding or blood disorders? \_\_\_\_\_ 4. YES NO

5. Hepatitis or other liver disease? \_\_\_\_\_ 5. YES NO

6. Neurological problems? Epilepsy? \_\_\_\_\_ 6. YES NO

7. Seizures? \_\_\_\_\_ 7. YES NO

8. Dizziness/vertigo or fainting episodes? \_\_\_\_\_ 8. YES NO

9. Migraines? How frequent and are they debilitating? \_\_\_\_\_ 9. YES NO

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

11. Any other health complaint? \_\_\_\_\_ 11. YES NO

12. Do you see a medical/physical specialist of any kind? \_\_\_\_\_ 12. YES NO

13. Treatment for menstrual cramps? \_\_\_\_\_ 13. YES NO NA

14. Are you pregnant? \_\_\_\_\_ 14. YES NO NA

15. Do you have any history of cardiac illness or significant risk factors, such as known \_\_\_\_\_ 15. YES NO  
coronary artery disease, hypertension, diabetes, hyperlipidemia, angina, tachycardia, bradycardia,  
unexplained chest pain or immediate family history of early cardiac death?

Depending on your history, risk factors and age, a stress ECG or waiver from your cardiologist may be required.

Please comment: \_\_\_\_\_

16. Do you have a history of knee, hip, ankle, shoulder, arm or back injuries  
(including sprains) and/or operations? \_\_\_\_\_ 16. YES NO

(Please explain:) \_\_\_\_\_

17. Head Injury? Loss of consciousness? For how long? \_\_\_\_\_ 17. YES NO

18. Do you have any physical, cognitive, sensory or emotional condition that would require special consideration? \_\_\_\_\_ 18. YES NO
19. Are you currently in, or have you had, psychotherapy with a mental health professional? \_\_\_\_\_ 19. YES NO
20. Do you have any history of substance abuse, depression, eating disorder or suicidal thoughts? \_\_\_\_\_ 20. YES NO
21. Do you have any allergies, e.g. insects, bees, medications, food, environmental, other? \_\_\_\_\_ 21. YES NO
- Please describe: \_\_\_\_\_

22. Do you have any dietary restrictions? \_\_\_\_\_ 22. YES NO
- Please describe: \_\_\_\_\_

23. Are you currently taking or have you been prescribed any medications in the past two years? (Please list below) \_\_\_\_\_ 23. YES NO

Medication	For What Condition	Dosage (amt/frequency)	Side Effects/Restrictions

24. History of Frostbite or Acute Mountain Sickness? \_\_\_\_\_ 24. YES NO
25. History of heat stroke or other heat related illness? \_\_\_\_\_ 25. YES NO
26. Do you exercise regularly? \_\_\_\_\_ 26. YES NO

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

27. Do you smoke? If so how much? \_\_\_\_\_ 27. YES NO
- 28 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 which 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.

Participant's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent or Guardian signature required if participant is under age 18: \_\_\_\_\_

**WORLD HEADQUARTERS**  
 284 LINCOLN ST.  
 LANDER, WY  
 82520, USA  
 1.800.710.6657  
 NOLS.EDU

**WORLDWIDE LOCATIONS**  
 ALASKA / AUSTRALIA / EAST AFRICA / INDIA / MEXICO / NEW ZEALAND /  
 NORTHEAST / PACIFIC NORTHWEST / PATAGONIA / RIVER BASE /  
 ROCKY MOUNTAIN / SCANDINAVIA / SOUTHWEST / TETON VALLEY /  
 THREE PEAKS RANCH / WYSS CAMPUS / YUKON