

H E A L T H F O R M

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

_____ CMLE 1/5/16 _____
 Student's Name Course Code Application ID# (Internal Use Only)

(_____) _____ (_____) _____
 Daytime or Temporary Phone (circle one) Permanent Phone

Sex Female Male 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.

<p>Weather conditions can be extreme depending on the course type. Temperatures may be extremely cold (-40°F) or extremely hot (+100°F). Prolonged storms, high winds, intense sunlight, sudden immersion in cold water and/or high seas are possible.</p> <p>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.</p> <p>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.</p> <p>Water disinfection. 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 for their course.</p>

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.



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?

2. Gastrointestinal disturbances? YES NO

3. Diabetes? YES NO

Examiner's specific comments: _____

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

5. Hepatitis or other liver disease? YES NO

Examiner's specific comments: _____

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.

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)



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:

Cardiac History:

15. Any history of cardiac illness or significant risk factors, such as known coronary artery disease, hypertension, diabetes, immediate family history of early cardiac death (<50 years old), hyperlipidemia, angina, tachycardia, bradycardia, or unexplained chest pain? 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 does he/she have a history within the past 3 years of:

16. 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)

17. 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 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) _____



18. 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) _____

19. 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) _____

20. 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 affects you: _____

Mental Health

Students with a history of psychotherapy that required medication or has included 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.

21. Has he/she had psychotherapy? YES NO

22. Is he/she currently in treatment or psychotherapy? YES NO

23. Reasons for treatment or therapy?

suicide

substance abuse/chemical dependency

eating disorder (anorexia/bulimia)

academic/career

ADD/ADHD

family issues/divorce

depression

other _____

Please Provide **Specific Dates** and Details of psychotherapy and medications that were prescribed:

24. Name and telephone number of psychotherapist?

Name (_____) _____
Phone



Allergies

25. Is he/she allergic to any foods? YES NO
Describe: _____

26. Does he/she have any dietary restrictions? YES NO
 vegetarian vegan medical restriction? describe _____

27. Has he/she had any systemic allergic reactions to insects, bee/wasp stings, or medications resulting in hives, swelling of face/lips or difficulty breathing? 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: _____

28. Any other allergies? YES NO
Examiners Specific Comments: _____

29. 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 medications or health condition changes prior to course start, please inform NOLS.

Cold, Heat, Altitude

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

31. History of acute mountain sickness, high altitude pulmonary/cerebral edema? YES NO
When did the illness occur? _____

32. History of heat stroke or other heat related illness? YES NO
Examiner's specific comments: _____



