

COURSE INFORMATION FOR THE MEDICAL PROFESSIONAL

Environmental Traveling Companions courses are adventure-based educational expeditions that travel to remote, wilderness areas where evacuation to modern medical facilities may be delayed, particularly on courses with backpacking sections. As the applicant's primary health care provider, you know your patient best and are most qualified to evaluate the applicant on medical issues.

Living conditions:

Students will sleep outdoors, experience long and physically demanding days, set up their own camp and prepare their own meals. They will live in close proximity to ~14 other adolescents and adults. Weather conditions can be extreme, and some courses travel to altitudes above 10,000 feet. Each student is expected to take good care of themselves.

Physical demands:

There may be considerable physical demands placed on the applicant, depending on the course activities (sea kayaking, whitewater rafting, hiking, and/or backpacking). Courses with backpacking require carrying a backpack that may weigh up to 50 pounds or more in rugged mountainous terrain. Water-based activities require sitting and paddling continuously for long periods of time and walking on rugged shorelines while carrying heavy items. ETC's mission is to be inclusive and adapt activities based on our students' abilities, but students may still find the course to be a demanding experience both physically and emotionally. Prior physical conditioning and a positive attitude are a necessity.

ETC is not a rehabilitation program. It is not the place to quit smoking, drinking, or drugs or to work through significant behavioral or psychological problems.

Please consider the questions carefully when completing the health form. A "Yes" answer does not automatically cancel a student's enrollment; rather, it allows us to be prepared with adaptive solutions, it allows the student to be better prepared for the demands of the course, and/or it allow us to make a decision with the student and their family regarding whether the course is an appropriate fit at this time. If we have any question on the student's capacity to successfully complete the course we will call the student to discuss it.

DIRECTIONS: M.D., D.O., N.P., APRN or P.A.: Please check YES or NO for each item. Each question must be answered and please **provide dates 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
 - a. 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/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.

- 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)

- 13. Treatment or medication for menstrual cramps? YES NO
- 14. Are they 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, hyperlipidemia, angina, tachycardia, bradycardia, unexplained chest pain 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 do they have a history within the past three 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 consideration? 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. ETC is not appropriate for applicants just leaving residential treatment facilities.

21. Have they had psychotherapy? YES NO

22. Are they currently in treatment or psychotherapy? YES NO

23. Reasons for treatment or therapy?

- suicide
- substance abuse / chemical dependency
- eating disorder (anorexia / bulimia)
- academic / career / family issues
- ADD / ADHD
- anxiety
- 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. Are they allergic to or have a medically related intolerance to any food? YES NO

Describe: _____

26. Do they have any dietary preferences? YES NO

Describe: _____

27. Have they had any systemic allergic reactions to insects, bee / wasp stings, or medications resulting in hives, swelling of the 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

Examiner's specific comments: _____

29. Does this person plan to take any prescription or non-prescription medications on the course? YES NO

ETC 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 supervision or assistance from ETC staff.

Medication	Dosage	Side Effects / Restrictions	Prescribed by?	For what Conditions?

If medications or health condition changes prior to course start, please inform ETC.

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: _____

Fitness (please provide details concerning the student's exercise regime)

33. 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

34. Does this person smoke or use tobacco products? YES NO
Tobacco (or nicotine) is not allowed on ETC courses. We recommend that the applicant quit now.

35. Is this person overweight? Underweight? If so, how much? _____ YES NO

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

Physical Examination

A M.D., D.O., N.P., APRN or P.A. must read and fill out pages 2-7. Physical examination data cannot be more than a year old from the starting date of the ETC course. (Please type or print legibly)

ETC requires a tetanus immunization within 10 years of the start date of the course.

_____ / _____ / _____
Blood Pressure Pulse Last Tetanus Inoculation Height Weight

General Appearance, Impressions, and Comments:

DOCTOR SIGNATURE REQUIRED HERE

By my signature, I attest that the person named on page one of this form is medically cleared to participate on an ETC course based on the expedition information provided on page two of this form along with the background information provided by the applicant and my physical examination of them.

Examiner's Name _____

Address _____

Telephone (_____) _____ Fax (_____) _____

M.D., D.O., N.P., APRN or P.A Signature _____ / _____ / _____
Date

PARENT OR LEGAL GUARDIAN'S SIGNATURE REQUIRED HERE

All information will remain confidential. Many students with a variety of medical/psychological disabilities have successfully completed our courses, but we must be aware of these conditions for the applicant's benefit. Failure to disclose such information could result in serious harm to the applicant and her or his fellow students.

If your child arrives at the course start with a pre-existing condition or injury which is not indicated on your medical form they will be removed from the trip. If the same unreported condition presents during the wilderness trip, you will be responsible for transport of your child back to your home.

Consent is hereby given for the applicant to attend an ETC Youth Lead Course and permission is given for any emergency anesthesia, operation, hospitalization, or other treatment which may become necessary, including over-the-counter medications such as Acetaminophen (Tylenol®), Ibuprofen (Advil®, Motrin®), Diphenhydramine (Benadryl®), Sudafed®/Cold/Cough Medicine/ Throat lozenges. I have read the description of the Youth LEAD Course on page two, "Course Information for the Medical Professional", of this health form, and I understand that the program involves physically and mentally strenuous activity in wilderness areas, remote from the facilities of civilization.

The information provided on the preceding pages is a complete and accurate statement of the physical and psychological factors that may affect my child's participation on ETC's Youth LEAD Program. I realize that failure to disclose such information could result in serious harm to my child and to fellow students, and I agree to indemnify and hold Environmental Traveling Companions harmless if all relevant information is not disclosed. I also agree to notify ETC should there be any change in my health status prior to my trip start

THE STUDENT AND PARENT(S) OR GUARDIAN OF A MINOR STUDENT HAVE READ THIS PAGE AND THE PREVIOUS 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 TO THIS AGREEMENT MUST BE APPROVED BY ETC IN WRITING.

Parent/Guardian's Signature

_____/_____/_____
Date

Applicant's Signature

_____/_____/_____
Date