

HEALTH FORM

SELF-REPORTING FORM



Name: _____ Course Title: _____

Height: _____ Weight: _____ Age: _____

INFORMATION FOR THE STUDENT AND/OR PARENT/GUARDIAN

Full Disclosure: In the interest of the health and well-being of both yourself and the other expedition members, please answer the questions honestly and completely on this health form. A “Yes” answer does not automatically cancel your enrollment. If we have a question about your capacity to successfully complete the course, we will contact you to discuss it. 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 and that failure to disclose 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 course. I also confirm that on the basis of the course description and other information about the course and what I know or suspect about my physical and psychological health, that this course is appropriate for me and that I can participate fully in this NOLS course.

Student/Participant Signature Date ____ / ____ / ____
Month Day Year

Parent or Guardian signature required if participant a minor Date ____ / ____ / ____
Month Day Year

You are not accepted on the course until this health form has been reviewed and approved by NOLS personnel.

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.

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 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. Are you pregnant? _____ 11. YES NO N/A
(Due to the risk of complications in a remote environment, NOLS does not allow students to attend who are pregnant)

12. Do you have any history of cardiac illness or significant risk factors? _____ 12. YES NO

Risk factors include 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)?

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

13. In the past three years, have you had any knee, hip, ankle, leg, or foot injuries (including sprains) and/or surgery? _____ 13. YES NO

- Do you have full range of motion? Full strength? _____ YES NO
 - What is the most rigorous activity participated in since the injury/surgery? _____
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14. In the past three years, have you had any arm, elbow or back injuries (including sprains) and/or surgery? _____ 14. YES NO

- Do you have full range of motion? Full strength? _____ YES NO
 - What is the most rigorous activity participated in since the injury/surgery? _____
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15. Head Injury? Loss of consciousness? For how long? _____ 15. YES NO

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 should be gainfully occupied such as attending school or employed. NOLS is not appropriate for applicants just leaving residential treatment facilities.

16. Have you been diagnosed with a mental health condition?_____16. YES NO

17. Are you currently prescribed medication or engaged in psychotherapy for
any of the conditions or symptoms noted below?_____17. YES NO

18. Please indicate any of the following conditions or symptoms that have been present.

- | | | |
|---|---|---|
| ☐ suicide (thoughts, ideation, attempt) | ☐ ADHD | ☐ autism spectrum disorder |
| ☐ substance use disorder (drugs/alcohol) | ☐ anxiety | ☐ PTSD |
| ☐ eating disorder (anorexia/bulimia) | ☐ depression | ☐ self-harm |
| ☐ obsessive-compulsive disorder | ☐ bipolar disorder | ☐ other _____ |

Please provide specific details and dates of diagnoses and psychotherapy:

19. Do you have any physical, cognitive, or sensory condition that would require
consideration?_____19. YES NO

20. Do you plan to take any prescription or non-prescription medications on the course?____20. YES NO

NOLS courses travel in remote areas where access to medical care may be one or more days away. Student's 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?
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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.

21. Are you allergic to or have a medically related intolerance to any food?_____21. YES NO

22. Do you have any dietary preferences? (e.g., vegetarian, vegan, gluten free)_____22. YES NO
(NOLS may not be able to accommodate all preferences)

23. Have you had an allergic reaction to insect bites, bee or wasp stings, or medications resulting in hives, swelling of face/lips or difficulty breathing?_____23. YES NO
24. Do you have any other allergies?_____24. YES NO

Cold, Heat, Altitude, Ocean

25. History of frostbite or Raynaud's Syndrome?_____25. YES NO
26. History of heat stroke or other heat related illness?_____26. YES NO
27. History of acute mountain sickness, high altitude pulmonary/cerebral edema?_____27. YES NO
28. Do you have a history of seasickness?_____28. YES NO
29. Do you have any disease or history of surgery not already mentioned?_____29. YES NO

30. Do you exercise regularly?_____30. YES NO

Activity

Frequency

Duration/Distance

31. Do you smoke, vape, or use tobacco products?_____31. YES NO
Tobacco (or nicotine) and vaping is not allowed on NOLS courses or property.

32. Swimming ability (Circle One): _____ Non-swimmer _____ Recreational _____ Competitive _____

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.

33. Date of last tetanus inoculation: _____/_____/_____

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