University of Alaska Southeast Outdoor Education Medical Information Questionnaire

We are excited to have as many people as possible participate in our classes. Please note, however, that many of our classes operate in areas far removed from hospitals and sophisticated medical support services. It is extremely important that you realize that in any activity conducted in Alaska's wilderness, help may be days away. Rescue may be difficult and very expensive. What may be a minor injury could result in death in the backcountry.

Consequently, by obtaining pertinent medical information from each participant, we can enhance the program for the participants, and through pre-planning, we can potentially avoid serious medical events.

We would like your help in gathering medical information. Please fill in ever blank before participating in any field outing. Your instructor will be happy to address questions you may have about your specific course activities.

All information on this form will remain confidential. It will be viewed by UAS Outdoor Education personnel only. It will then be stored in a locked area.

Confidential Medical Record

Part I – Participant Information

Course name, number, semester and	year:	
1. Name		
2. Birth date:	3. Age at course start:	
4. Height ft. in Weigh	t lbs	
5. Daytime Phone	Evening Phone	
6. Address		
(phone number)		
(relationship)		
8. Are you covered by any hospitaliz	ation/medical care policy? Yes	No
8. Insurance company name		
Policy number		

	t Information		
A. Allergies (including	g medicines, foods, bites/stings, e	etc.)	
	y and all medications you are using, incosage, what it is for, and how often you		r medications. Identif
	mergency Room and/or Medica two years, the date, and the treatment		
D. Current Exercise A	Activity		
D. Current Exercise A	Activity Frequency:	Intensity: 1	ow/moderate/high
	•	Intensity: 1	ow/moderate/high
	•	Intensity: 1	ow/moderate/high

Part III – Past and Present Medical Conditions

Fill in EVERY blank. Use additional pages if necessary.

Do you currently have, or within the past five years, have you ever had...

	Yes	No		Yes	No
1. High blood pressure			18. Stomach ulcers		
2. Irregular or rapid heartbeat			19. Intestinal problems		
3. Family history of heart disease			20. Bladder infection		-
4. Blood disease			21. Kidney problems		
5. History of hepatitis			22. Hearing impairment		
6. Bleeding disorder			23. Vision impairment		
7. Seizure disorder			24. Motion sickness		
8. Seizure within the past year			25. Sleep walking		-
9. Headaches			26. Broken bones		
10. Respiratory problems			27. Neck or back problems		
11. Chronic cough			28. Should problems		
12. Asthma			29. Knee problems		
13. Diabetes			30. Ankle problems		
14. Hypoglycemia			31. Hand/foot problem		
15. Frostbite			32. Currently pregnant		
16. Poor circulation or Raynaud's			V 1 8		
17. Intolerance to cold temperatures			33. Other		
 If you have answered "yes" to any o Identify if this condition re What specific symptoms of How often do symptoms of How do you care for the symptoms 	esults in a ave you r the con	any restrict experienced adition occu	ions in your ability to perform a tast?	C	
Item no. Detailed Descrip	otion				
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Verification of Accuracy and Understanding

Signature Required

This acknowledges that the named student has filled out the medical information form completely and, to the best of his/her knowledge, all the medical information on this questionnaire is accurate. Failure to disclose and consequently take precautions for such information could potentially result in serious harm to your and/or your fellow participants.

Many participants with a variety of medical conditions have enjoyed University of Alaska Southeast Outdoor Education courses. By providing information about your medical history, you can help enhance the overall success of your course.

You must be aware that many classes operate in areas far removed from hospitals and sophisticated medical-support services. If you start the course with a pre-existing condition or injury that is not indicated on your medical form, and you are subsequently forced to leave the program because of that condition, you will be held responsible for all evacuation fees and will receive no refund for the course.

The medical questionnaire will be reviewed by University of Alaska Southeast Outdoor Education personnel

Applicant's Name (printed)

Applicant's Signature

Date

Parent/Guardian (if applicant is under legal age)

Date