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Outward Bound CANADA®

**Confidential
Medical History**

OFFICE USE ONLY

Follow up: _____

Approved: _____ Date: _____

INTRODUCTION

This medical form helps us ensure all participants have a safe experience. Please fill it out honestly and completely. If we have any questions about your ability to complete the course, we will call and discuss it with you and/or your doctor. You may be asked to undergo a medical examination at our discretion. If, after reviewing your medical history, we determine that you should not participate in the course, we will refund all tuition payments made to Outward Bound. We cannot cover or refund costs of medical examinations or other expenses incurred preparing for a course. ***This information is considered private and confidential and will be used only for the purposes of medical assessment for the participation on a course with Outward Bound Canada.***

COURSE CODE: _____

APPLICANT INFORMATION:

Name: _____

Street _____

City _____

Province: _____ Postal Code: _____

Home Telephone _____

Business Telephone _____

Cellular Telephone _____

E-mail Address: _____

Male Female Age at course start _____

Birth date (mm/dd/yy) _____

Height: _____ Weight: _____

EMERGENCY CONTACT INFORMATION:

Parent/Guardian if applicant under 18.

Name: _____

Home Telephone _____

Business Telephone _____

Cellular Telephone _____

Relationship: _____

E-mail Address: _____

Alternative emergency contact:

Name: _____

Home Telephone _____

Business Telephone _____

Cellular Telephone _____

Relationship: _____

E-mail Address: _____

EACH PARTICIPANT IS RESPONSIBLE FOR ALL MEDICAL EXPENSES, INCLUDING MEDICAL EVACUATION, AND MUST BE COVERED BY THEIR OWN MEDICAL AND ACCIDENT INSURANCE.

Does the applicant have provincial medical coverage? Yes No

Provincial Health Card Number: _____ **Province:** _____

If the applicant does not have provincial medical coverage, please indicate private or alternate medical insurance information below and attach a photocopy of the policy information.

Insurance Company: _____ Policy Number: _____ Expiry: _____

Group Number: _____ Address: _____ Phone: _____

| | |
|--------------|----------------|
| NAME: | COURSE: |
|--------------|----------------|

1. Give a brief statement of your general health: _____

2. Are you taking any medications? No Yes

If yes, please complete the chart below. List all medications including name and schedule with dosage amounts in as much detail as possible.

Please note that some medications present risk for life-threatening problems and injuries while in the wilderness.

Applicants currently on: **(1)** medications with side effects such as dizziness and/or, fainting; **(2)** medications with temperature sensitivities; **(3)** antipsychotic medications must have stable conditions and should consult with their physician to determine if they should participate in an Outward Bound program.

It is not appropriate for persons currently taking an anti-coagulant medication (Coumadin / Warfarin) to participate in this type of wilderness program as these types of medications present risk for life threatening internal bleeding as a result of an injury.

| Name of Medication | Condition Being Treated | Dosage Amount | Schedule of Administration |
|--------------------|-------------------------|---------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

If required, please attach an extra sheet to list all medications.

3. You must have a current tetanus immunization (booster shot).

Have you had one within the past 10 years? No Yes

If no, will you arrange for your tetanus before the course? No Yes

4. a) Do you have asthma? No Yes

b) Has it been stable for the past year?
(controlled with medication and have not required medical treatment within the past 6 months.) No Yes

c) Describe the triggers: _____

d) Do you take medications for your asthma? No Yes

Please list medications needed to control asthma in the chart question #2 above.

5. Are you allergic to any of the following? (Please list all allergies and describe nature and severity of any reaction.)

a) Medications No Yes Describe: _____

b) Foods No Yes Describe: _____

c) Insect bites No Yes Describe: _____

d) Other No Yes Describe: _____

NAME:

COURSE:

6. a) Are you anaphylactic? No Yes

b) Do you carry an Epi-pen? No Yes – Which allergies: _____

Please list medications needed to control any allergic reactions in the chart question #2 on page 2.

7. Do you have diabetes, hypoglycemia, thyroid trouble, or other endocrine conditions? No Yes

Describe: _____

8. Do you have a history of high blood pressure or hypertension? No Yes

Describe: _____

9. Do you have a history of cardiovascular disease or conditions (valve disorder/heart murmur, angina)?

No Yes – Describe: _____

10. Do you have a seizure disorder? No Yes – Describe: _____

Please list medications needed to control seizures in the chart question #2 on page 2.

11. Do you have problems with vision or hearing? No Yes – Describe: _____

12. Have you ever had a brain injury requiring treatment? No Yes –Give date and severity: _____

13. Have you had frostbite, a significant reaction to cold temperatures, or other circulatory problems? No Yes

Explain and describe severity: _____

14. For females: Are you pregnant? No Yes – Due date: _____

15. Do you require a special diet or have food requirements? No Yes – Describe: _____

16. What is your swimming ability? (It is strongly recommended that **ALL** participants be able to swim at least 100m)

Non-swimmer

Can swim at least 100m without a lifejacket

Strong Swimmer

NAME:

COURSE:

17. The following are examples of medical conditions that can present complications during a wilderness expedition and may be a reason why you should not attend Outward Bound.

a) One or more of the following conditions does pertain to me No Yes

b) If Yes, to a) above, I agree to consult with a physician for those conditions that may pertain to me. Please Initial: _____

| | | |
|--|---------------------------------------|-------------------------------|
| • Active tuberculosis | • Eating disorder (anorexia, bulimia) | • HIV/AIDS |
| • Amputation | • Frequent bladder infections | • Reoccurring heat exhaustion |
| • Cancer | • Hepatitis | • Severe premenstrual cramps |
| • Bleeding problems (sickle cell anemia, sickle trait) | | |
| • Foot ulcers, sensory deficit, leg pains while walking, leg swelling, hernia | | |
| • Reynaud's syndrome, auto-immune condition (chronic fatigue, fibromyalgia, rheumatoid arthritis) | | |
| • Severe headaches, dizziness or fainting not controlled by medication | | |
| • Smoke or use tobacco products and think it will be difficult to refrain from smoking while on course | | |
| • Stomach and/or intestinal problems such as a stomach ulcer, active inflammatory bowel disease (Crohn's disease, Ulcerative Colitis, irritable bowel syndrome spastic colon, mucous colitis; colostomy/ileostomy) | | |
| • Substance abuse history six months prior to the start of course | | |
| • Surgeries: brain, cardiac, eyes, inner ear, transplant, spine | | |

18. The following are examples of personal psychological issues that can create complications during a wilderness expedition and may be a reason why you should not attend Outward Bound.

a) One or more of the following conditions does pertain to me No Yes

b) If yes to a) above, I agree to consult with a Psychologist for those conditions that may pertain to me.

Please initial: _____

| | | |
|--|---------------------|-------------|
| • Anxiety disorder (panic disorder, claustrophobia, agoraphobia, acrophobia, social anxiety) | | |
| • Self-Harm | • Attempted Suicide | • Psychosis |
| • Behaviour disorder | • Violent Behaviour | |

IMPORTANT: We urge you to be completely thorough in providing Outward Bound with the information requested. Over the years, many participants with various medical and/or psychological conditions have attended and successfully completed courses. However, it is imperative that we be aware of these conditions for your benefit. Failure to disclose such information could result in serious harm to you and your fellow students.

If you arrive at the course start with a pre-existing condition or injury which is not indicated on your medical form and you are subsequently forced to leave the course because of this condition, you will be charged an evacuation fee and will not receive a refund for the course fee.

Consent is hereby given for the applicant to attend an Outward Bound course and permission is given for any emergency anesthesia, operation, hospitalization, or other treatment that might become necessary. I understand that the program involves physically and mentally strenuous activity in a remote wilderness area far removed from the facilities of civilization.

The information provided herein is a complete and accurate statement of the physical and psychological factors that may affect my participation in Outward Bound. I realize that failure to disclose such information could result in serious harm to me and my fellow participants and I agree to indemnify and hold Outward Bound harmless if all relevant information is not disclosed.

Applicant's name (please print) _____

Date

Applicant's Signature

Signature of Parent or Guardian
if under 18 years