

North Island College
ADVENTURE GUIDING CERTIFICATE

Medical History Form

Applicant Self-Disclosure of Medical History and Information to
Review with your Physician before sending to NIC

Name: _____ Height: _____ Weight: _____

Personal Phone: _____ Work Phone: _____ Gender: ___ Age: ___ Birthdate: _____
d/m/y

Physician: _____ Physician's ph. #: _____ Health Care Card #: _____

Emergency Contact: _____ Relation to you: _____ Phone #: _____

To the physician: In the interest of personal safety for the applicant and the other program participants, please consider the above description carefully when reviewing or completing the Medical History Form. A "Yes" answer does not automatically interfere with a student's eligibility. If we have any questions about the student's capacity to successfully complete the course we will call their physician with the student's permission. The physician completing this form cannot be a relative of the applicant.

Program Information

The NIC Adventure Guiding Certificate includes field activities designed to train individuals for entry-level guiding and leadership positions in a wilderness environment around Vancouver Island, in BC, and elsewhere (i.e., ocean, lake, mountain and river environments, outdoor education programs, etc.).

This program is not appropriate for individuals with active alcohol or drug addictions or with serious emotional, behavioural, or psychological challenges.

Prior physical conditioning is recommended and a positive mental attitude is necessary.

The program includes significant experience learning technical skills for the above activities in remote areas where evacuation to medical facilities may be difficult and involve delays. Weather conditions can be extreme ranging from prolonged cold, wet conditions to intense sunlight. Sudden immersion in cold ocean water and/or high seas is possible, as is prolonged exposure to cold in snowy winter environments.

Depending on the specific activity, the applicant will be paddling heavily loaded sea kayaks or canoes, travelling on foot or skis over uneven terrain, carrying heavy loads, or sailing in keelboats up to 40' in length in strong winds and waves. While participating in our program, this student will sleep outdoors, experience some long days of physical exertion in an often cold and damp environment, and will prepare meals and set up camp with their classmates. Each student is expected to take good care of him or herself and their peers.

This form must be submitted before the student can be formally accepted into the Adventure Guiding Certificate and must be accompanied by the completed Physician Physical Examination Form.

To the applicant: please circle Yes or No for each item. Each question must be answered.

GENERAL MEDICAL HISTORY

Do you currently have or have you had a history of:

- | | | |
|---|-----|----|
| 1. Respiratory problems? (e.g., asthma) | Yes | No |
| 2. Gastrointestinal conditions? (e.g., heartburn) | Yes | No |
| 3. Diabetes? | Yes | No |

Specific comments:

- | | | |
|--------------------------------------|-----|----|
| 4. Hypertension? | Yes | No |
| 5. Bleeding or blood disorders? | Yes | No |
| 6. Hepatitis or other liver disease? | Yes | No |

Specific comments:

- | | | |
|--|-----|----|
| 7. Neurological problems? (e.g., seizure disorder) | Yes | No |
| 8. Dizziness or fainting episodes? | Yes | No |
| 9. Cardiac problems? | Yes | No |

Specific comments:

- | | | |
|--|-----|----|
| 10. Disorders of the urinary or reproductive tract? | Yes | No |
| 11. Any other medical conditions or considerations that may affect your participation (including loss of hearing or vision)? | Yes | No |

- | | | |
|--|-----|----|
| 12. Do you see a Medical or Physical specialist of any kind? | Yes | No |
|--|-----|----|

(name/address) _____

- | | | |
|-----------------------|-----|----|
| 13. Are you pregnant? | Yes | No |
|-----------------------|-----|----|

Specific comments:

MUSCLE/SKELETAL INJURIES

Does you currently have or have you had a history of:

- 14. Knee, hip, or ankle injuries and/or operations (including sprains)? Yes No
- 15. Shoulder, arm, or back injuries and/or operations (including sprains)? Yes No
- 16. Head injury? Yes No
- 17. Any other joint problems? Yes No

Specific comments: (include date of last occurrence and the effect of the problem on current activity level).

PERSONAL HISTORY (COUNSELLING/PSYCHIATRIC)

- 18. Have you had treatment or counseling with a mental health professional? Yes No
- 19. Are you currently in treatment or counselling? Yes No
- 20. Name and address of therapist

- 21. Hospitalization within the past year? Yes No
- 22. Reasons for treatment or counselling?

- suicide gesture academic/career
- substance abuse/chemical dependency family issues/divorce
- eating disorder (anorexia/bulimia) learning disability
- stress/anxiety/depression other _____ (details below)

Specific comments:

ALLERGIES

- 23. Any environmental allergies? _____ Yes No
- 24. Is iodine contraindicated for you? Yes No
- 25. Are you allergic to any foods? Do you have any dietary restrictions? Yes No

- 26. Allergies to insect bites or bee stings? Yes No

Specific comments:

MEDICATIONS

27. Are you allergic to any medications? _____ Yes No

28. Are you currently taking any medications? Please specify dose. Yes No

Medication	Dosage (amt./freq.)	Side Effects/Restrictions
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Specific comments:

29. **Date of Last Tetanus Immunization?** _____ (note: most students in BC receive tetanus boosters in grade 9)

Current tetanus immunization is required, not older than 10 years before the AG Certificate completion date (e.g., if starting in September 2017 you finish in April 2018, so your tetanus is considered current if last done more recently than May 2008).

COLD, HEAT, AND ALTITUDE

30. History of frostbite or Raynaud’s Syndrome? Yes No

31. History of heat stroke or other heat related illness? Yes No

Specific comments:

FITNESS

32. Do you exercise regularly? Yes No

Intensity Level:

Activity	Frequency	Duration/Distance	Easy	Moderate	Competitive?
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33. Do you smoke? If so, how much? _____ Yes No

34. Are you in an appropriate weight range for your height? Yes No

35. Swimming Ability (check one):
____non-swimmer
____recreational
____competitive

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Physician Physical Examination

To be completed by a Physician or FNP

Adventure Guiding Applicant (Patient's) Name: _____

Blood Pressure: _____ Pulse: _____ Cardio-respiratory exam _____

I have reviewed the applicant's original Medical History Form (4 pp. incl. cover)? Yes ___ No ___

Please comment on specific areas from the Medical History Form that need elaboration.

Based on the program information provided at the start of the Medical History Form, their medical history self-disclosure and this physical examination, do you feel that this individual can participate in the NIC Adventure Guiding Certificate?

___ YES, I think this person can participate

___ MAYBE, if the following restrictions or concerns can be accommodated in the program

___ NO, this person should not participate at this time for the reasons below

Comments (reasons, restrictions, or concerns):

Examiner's Name: _____ Phone: _____

Address: _____

Examiner's SIGNATURE: _____ Date: _____

Please submit all completed forms (including the 4-page Medical History Form) to forms@nic.bc.ca