Medical History Form

To be submitted before starting the Adventure Guiding Certificate or Diploma Option. This information is kept confidential and only shared as appropriate with those overseeing safety protocols and emergency response associated with field training courses and activities.

Applicant/student Self-Disclosure of Medical History and Information for:

Name:_____ Height:_____ Weight: _____

Preferred Phone:_____ Alternate Phone: _____ Gender:___ Age:____ DOB:_____
d/m/y

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

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

With your personal safety in mind, and that of your classmates and instructors, please carefully consider the description below when completing this Medical History Form. A "Yes" answer is important to share, and rarely limits eligibility/ability to participate in some of the field activities. **Any questions or concerns will be discussed on a case-by-case basis, and in confidence.**

Program Description

The NIC Adventure Guiding programs include field training skills and activities for beginning 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 if you are actively dealing with alcohol or drug addictions or working through significant mental health or personal challenges/changes.

An active lifestyle is very highly recommended, and a positive mental attitude is essential.

The program includes significant experience learning technical skills, sometimes in remote areas as day trips or for multiple consecutive days. Evacuation to medical facilities may at times be difficult and involve delays. Weather conditions can be extreme ranging from prolonged cold, wet, or windy conditions to intense heat and sunlight, and other unpredictably intense factors. Sudden immersion in cold or turbulent water (ocean, river, lake) is possible, as is prolonged exposure to cold in coastal, inland, or mountain environments.

Depending on field skill course choices, students may be paddling heavily loaded sea kayaks/canoes /rafts, travelling on foot/skis/snowshoes over uneven terrain while carrying heavy loads, or sailing in keelboats up to 40' in length in strong winds and waves. There will be times that students are sleeping outdoors, experiencing strenuous days in a cold or damp environment, and preparing meals and living/camping together with classmates. Students are expected to consistently self-manage and self-regulate in ways that care for themselves, classmates, and instructors.

Please circle Yes or No for each item.

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)_____

Specifically for:

_____

_____

13. Are you pregnant? Yes No

Specific comments:

_____

_____

MUSCULAR/SKELETAL

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. Other joint problems? Yes No

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

_____

_____

_____

_____

MENTAL WELLNESS (COUNSELLING/PSYCHIATRIC)

18. Have you had treatment or counseling with a mental health professional? Yes No

19. Hospitalization for mental health within the past year? Yes No

20. Currently receiving treatment or counselling? Yes No

21. Name and address of practitioner:

_____

_____

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. Any food allergies? _____ Yes No

25. Any dietary restrictions? Yes No

_____

_____

26. Allergies to insect bites or 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

_____

_____

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 program completion date (e.g., if starting the certificate in Sept 2020 you finish in May 2021, so your tetanus shot is current if more recent than June 2011).

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?

_____

_____

_____

_____

33. Do you smoke/vape? If so, amount/frequency? _____ Yes No

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

35. Swimming ability (check one):

____non-swimmer

____recreational

____competitive