Confidential Medical form *Outdoor Leader Trainers of America*

Part A General Information

Program Name: _____ **Program Date: _____**

Name: _____
Address:_____
City/State: _____
Zip: _____
Gender: M _____ F _____
Height: _____ft _____in

Daytime Phone: _____
Evening Phone: _____
Fax: _____
Occupation: _____
Birth date: _____/_____/_____
Weight: _____lbs.

Part B Emergency Information

Emergency contact:_____
Relationship: _____
Family Physician: _____
Soc. Sec. # : _____

Daytime Phone: ( )_____
Evening Phone: ( ) _____
Phone: ( ) _____

Insurance Info: Each participant is responsible for medical expenses. Sickness and accident insurance is recommended but not required. If you do have insurance coverage:

Insurance Co. : _____
Address: _____
Phone #: _____

Policy or certificate #: _____
City/ State/Zip: _____
Pre. Authorization required?: Y ❑ N ❑

Part C Medical Information

A: Allergies (including medicines, foods, bites/stings, etc. List below: NONE ❑

Allergy	Reaction	Medication required

B: Medications- list below (including psychiatric and over the-counter) NONE ❑

Medication	Condition	Dosage	Side effects

C: Current Exercise Activity: Please list NONE ❑

Activity	Frequency	Approximate time/distance	Leisurely	Moderately	Intensely

Part D Health Profile

Check and describe below

	YES	NO		YES	NO
1. Smoker _____	❑	❑	7. ER visit within past year _____	❑	❑
2. Pregnant _____	❑	❑	8. Neck/back/shoulder / knee / ankle pain,		
3. Seizure _____	❑	❑	injury or persistent limb problems_____	❑	❑
4. Medical equipment_____	❑	❑	9. Other medical illnesses / symptoms or		
5. Family history of heart disease_____	❑	❑	requirements _____	❑	❑
6. Hospitalization within past 2 yrs_____	❑	❑			

Issue No.	Detailed description (use extra pages if needed)

Part E Do I need a Physical Examination Form before my program?

1: Blood Pressure (measured within 6 months) required only if you are over age 30 or overweight.

1. Blood Pressure _____ / _____ Date taken _____
   Systolic diastolic within 6 months
2. Second reading if over 150 / 90: Blood Pressure _____ / _____ Date taken_____
3. Date of last tetanus shot _____

We strongly recommend that, prior to participation, you confirm that you have a current tetanus shot.

2: Health Problems Do you have any of the following conditions?

YES	NO	
❑	❑	Chest pain and/or pressure
❑	❑	Abnormal heart murmur (if you have a *normal* or *functional* murmur, **written** confirmation from your physician is required. Only if your murmur is *abnormal* is a physical **exam** required)
❑	❑	Diabetes
❑	❑	Seizure disorder (if YES, your physician must confirm that you have been seizure free for at least one year)
❑	❑	Fainting/dizziness
❑	❑	Chronic illness or physical infirmity
❑	❑	Do you feel you would prefer your physician's advice prior to program participation?

I have checked "YES" to one of the items above and will be submitting a Physicians Examination form as follows:

- Obtain a Physician's Examination form from OLTOA and attach it to this Medical Record.
- Have the form completed by a physician, physician's assistant or nurse practitioner.
- Make sure your exam has taken place within one year of you program start date.
- Remember – WE CAN ACCEPT ONLY THIS MEDICAL FORM, completed in full.

This organization reserves the right to require a physical examination upon review of participant history section of this form.

Part F Signature Required

Consent is hereby given for the participant to attend the above named program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment that might become necessary.

All information will remain confidential. You should that know that over the years, many participants with a variety of medical difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.

If you arrive at the program start 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 charged an evacuation fee and will not receive a refund.

_____ _____

Participant's signature **Date**

Part G Student Profile

Briefly describe your paddling/teaching experience:

Briefly describe your swimming ability:
IE: Strong swimmer, I can swim enough to save myself, I can float with a PFD on, non-swimmer

Are there special skills that you hope to learn in this program? Please describe them below: