THOMPSON RIVERS UNIVERSITY

Adventure Studies Department

Health and Medical Questionnaire Form

Full disclosure: The Adventure Guide programs offered by TRU Adventure Studies Department are physically and mentally challenging. It is important to fill out the Health and Medical Questionnaire honestly and completely with full disclosure of medical history. This is done in the interest of the health and well-being of the student and others who are on courses. Medical conditions may not necessarily exclude a student from the program, as long as the condition can be appropriately managed.

Insurance: Each student is responsible for any medical expenses, including medical evacuation and should be covered by their own accident and illness insurance.

TO BE COMPLETED BY THE STUDENT- Use additional pages as necessary to provide complete information

Name: ____

Address: ____

____

City, Province:____

Health Insurance Card No.: ___________________________

Birth Date (day/month/year): ___________________________

Height: ____

Weight: ____

Family Physician: ___________________________________

Phone: ____

Fax: ____

Address: ____

____

____

Home Phone: ____

Cell Phone: ____

Email: ____

Is the applicant covered by a public/provincial medical plan?

Yes ☐ No ☐

By which Province? ___________________________________

Plan Number: ____

Does the applicant have other private medical insurance coverage?

Yes ☐ No ☐

Insurance Company: ___________________________________

Policy Number: ____

Phone: ____

EMERGENCY CONTACT #1: (Person to be notified in case of emergency)

Name: ____

Home Phone: ____

Work Phone: ____

Cell Phone: ____

Relationship: ____

EMERGENCY CONTACT #2: (Person to be notified in case of emergency)

Name: ____

Home Phone: ____

Work Phone: ____

Cell Phone: ____

Relationship: ____

Medical History:

1. Give a brief statement of your general health:

2. Are you currently under medical care or seeing a doctor for a medical condition? ☐No ☐Yes – Describe:

3. Are you taking any medications? ☐No ☐Yes – Describe:

4. List medications including name, schedule with dosage amounts (in as much detail as possible).

Name of Medication/What is it used for?	Schedule of Administration	Dosage Amounts

5. You must have a current tetanus immunization.
Have you had one within the last 10 years? ☐No ☐Yes – When?

6. Have you had any surgeries?: ☐No ☐Yes – Give approx. dates/details:

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

   a. Medications ☐No ☐Yes – Describe:

   b. Foods ☐No ☐Yes – Describe:

   c. Insect bites ☐No ☐Yes – Describe:

   d. Other ☐No ☐Yes – Describe:

8. Do you carry an Epi-pen? ☐No ☐Yes – For which allergies?

9. Have you had or do you have a substance abuse problem? (alcohol, drugs, etc.)	☐No ☐Yes – Give details:
10. Do you have problems with vision or hearing?	☐No ☐Yes – Describe:
11. Do you experience motion sickness?	☐No ☐Yes – Describe:

12. Do you have a history of high blood pressure or hypertension?	☐No ☐Yes – Describe:
13. Do you have any history of cardiac illness? Do you have heart murmurs, episodes of irregular heartbeat, shortness of breath or chest pain on exertion?	☐No ☐Yes – Describe:
14. Do you have asthma or other respiratory problems? If yes, what triggers your asthma? If yes, has it been stable for the past year? Do you take medication including an inhaler for your asthma?	☐No ☐Yes ☐No ☐Yes ☐No ☐Yes – **List medications used in Section # 4**
15. Have you had or do you have ulcers, heartburn, or other intestinal problems?	☐No ☐Yes – Describe symptoms and diet requirements:
16. Do you require a special diet for medical reasons?	☐No ☐Yes – Describe:
17. Do you have any eating disorders such as anorexia or bulimia?	☐No ☐Yes – Describe:
18. Have you had Hepatitis?	☐No ☐Yes – Explain:
19. Have you had Jaundice?	☐No ☐Yes – Explain:
20. Do you have chronic bladder infections, difficulty with urination, or other bladder or kidney problems?	☐No ☐Yes – Describe:
21. Do you have seizures? **List medications and dosages in # 4**	☐No ☐Yes – Describe severity and frequency:
22. Do you suffer from severe headaches, dizziness or fainting?	☐No ☐Yes – Describe:
23. **Have you ever had concussions or a brain injury requiring treatment in the last three (3) years? *If yes, how many concussions, cause of the concussion and dates of concussions.* Provide details including dates on all the concussions you have ever suffered during this period.**	☐No ☐Yes – Describe:
24. Do you have claustrophobia, agoraphobia, acrophobia? (strong fear of confined places, open areas, heights)	☐No ☐Yes – Describe:
25. Do you have problems with your neck, back, arms, ankles or knees that limit your activities?	☐No ☐Yes – Describe:
26. Have you suffered repetitive joint or articulation injuries such as shoulder dislocations, knee or ankle problems (including sprains), etc.	☐No ☐Yes – Describe:
27. Do you have a bleeding disorder?	☐No ☐Yes – Describe:
28. Do you have diabetes, hypoglycemia, thyroid trouble or other endocrine problems?	☐No ☐Yes – Describe:
29. Do you have chronic skin problems? (rashes, sun sensitivity, etc.) **List medications required for treatment in #4.**	☐No ☐Yes – Describe:

30. Have you ever had frostbite or a reaction to cold temperatures?	☐No ☐Yes – Describe:
31. Have you suffered from muscle cramps, heat exhaustion or had other reactions to warm temperatures?	☐No ☐Yes – Explain:
32. Do you have any communicable diseases?	☐No ☐Yes – Please indicate the nature of the disease.
33. Are there any mental health issues that would affect your participation in the Adventure Guide theory and field courses? Name of therapist so we may contact: Name: ____ Phone: ____ Have you provided written permission?	☐No ☐Yes – **List medications for treatment in #4**. Please provide written permission to your therapist/ psychiatrist so that we may contact him/her. The nature of the communication would be to discuss and assess the extent to which the mental illness being experienced would affect the person in the Adventure Guide theory and field courses. Not to discuss the particulars of the mental health problem. ☐No ☐Yes
34. For females: Are you pregnant?	☐No ☐Yes – Due date:
35. For females: Do you have premenstrual or menstrual problems?	☐No ☐Yes – Describe:
36. What is your swimming ability? (It is strongly recommended that ALL participants be able to swim at least 100m)	☐ Cannot swim 100m non-stop ☐ Can swim at least 100m non-stop ☐ Strong swimmer ☐ Hold current lifesaving certificate
37. Please describe in detail what you do routinely to maintain an active lifestyle (mention activities and frequency).	Describe:
38. If you are over 30 years of age and any of the following conditions apply to you, we STRONGLY SUGGEST that you discuss with your physician the advisability of taking a stress electrocardiogram.	☐ High blood pressure ☐ Long-term sedentary lifestyle ☐ Diabetes ☐ Smoke one or more pack of cigarettes daily ☐ Overweight or obesity ☐ A family history of heart disease ☐ Previous cardiovascular disease
39. Does your health prevent you from participating in any physical activities?	☐No ☐Yes – Explain:

I understand that the program involves physically and mentally strenuous activity in a remote wilderness area far removed from the facilities of civilization.

Consent is hereby given for the applicant to participate in the TRU Adventure Guide program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary.

I understand that I am responsible to notify the Adventure Studies Department of any changes to this form, including new issues or changes to existing issues listed on this form.

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

____
Student's Name (please print)

____
Date

____
Student's Signature

Please Note:
As part of TRU Adventure Studies field risk management, relevant medical information will be shared (in confidence) only with field instructors and only in courses for which a student is registered.