



Seizure Questionnaire - Participant

You indicated a history of seizures. Please provide the information below. **You will need to get your primary physician to fill out a separate Seizure Questionnaire-Physician Section and a Physician's Exam Form that your doctor will sign, date and fax to the Assessment Department at Outward Bound.**

You may complete your responses electronically. Type into the fields then digitally sign and email back.

Student Name: _____ **Course #** _____

1. When did you have your first seizure?
2. What was the date of your most recent/last seizure?
3. Please list the **type** of seizure(s) and **severity** in detail.

Frequency of seizures in the past 6 months.

Frequency of seizures in the past 12 months.

Frequency greater than 1 year.

4. Any known triggers such as extreme temperatures, dehydration, sun, lack of sleep, foods?
5. Can you feel when a seizure is about to happen (Do you have an aura)? Please describe what happens and how long it takes before a seizure becomes active.

6. Do you take medication to control your seizures? Yes No If yes, please list below.

Medication	Dosage & Frequency	Date Started	Current Side-effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If these dosages have been changed in the past 6 months please provide details.

7. If over 16 years old, do you have a current Drivers License? Yes No

8. Please, provide any other information regarding your seizure condition that would be helpful for your Outward Bound course?

Who filled out this questionnaire? The applicant Parent/Guardian Other:

Participant Signature **Date**

Parent/Guardian Signature (If 21 years old or under) **Date**