



Seizure Questionnaire – Physician’s Section

Student Name _____ Course # _____

Physician Name:	Fax:
Phone:	Emergency Contact:
Best time to reach you?	

***Please review the Seizure Participant Questionnaire provided by your client for accuracy.**

1. How long have you treated this applicant?
2. Does increase/decrease in physical activity level appear to be a cause of seizures?
3. Does anxiety or stress appear to be a cause of seizures?
4. Do you feel added physical and emotional stressors that occur on an Outward Bound® course are cause for concern regarding your client’s attendance?
5. What recommendations do you have for the applicant while on course?
6. What recommendations do you have for the Outward Bound® staff in regard to your client’s seizures?
7. If any, what restrictions exist regarding your client’s attendance?
8. Dehydration, irregular sleep, exposure to sun, extreme temperatures, high caloric output and intense physical exertion are expected on an Outward Bound® course. Given this information, do you feel it is medically appropriate for your client to attend a program of this type?

Physician’s Signature

Date