



## **TAKE THIS TO YOUR PHYSICIAN**

*Please notify your physician of course specific activities prior to your physical.*

To the physician:

Our courses are designed to be physically rigorous, and can be extremely physically and mentally challenging. An individual with low motivation, significant psychological or behavioral issues, or poor physical condition will have a difficult time.

Outward Bound Courses are structured wilderness adventures designed for personal growth; specifically focusing on self-reliance, self-esteem, good decision making, and team building. Outward Bound® courses are demanding wilderness experiences from 6 to 81 days in length. The groups, which consist of 8 to 12 students and 1 to 3 instructors, are often mobile units with no base-camp or indoor facilities. The students and staff sleep under tents or tarps and do their own cooking. While activities may differ, (kayaking, sailing, rafting, canyoneering, mountaineering, rock climbing, skiing, snowboarding, initiatives, etc.) all are taught from a novice level to allow the group to develop the skills to complete the course safely. “Solo”, a 1-3 day supervised activity in a small, designated area is also a key course element. Expeditions are conducted in all weather conditions in varying environments, (ocean, river, mountains, canyons, etc.). The terrain may be wet, steep, muddy, rocky, heavily wooded, swampy, or buggy.

### Physical concerns for **Rafting/Canoeing/Kayaking/Sailing:**

- Arms/Shoulders/Back for paddling, rowing, portaging
- Ankles/Legs for swimming/hiking
- Cardiac considerations (sustained, accelerated heart rate)
- Cold water immersion
- Respiratory issues (asthma)
- Susceptibility to heat related injuries
- Balance or proprioception issues
- Severe sea-sickness
- Physical ability/body weight

### Physical concerns for **Backpacking/Mountaineering:**

- Shoulders/Clavicle/Arms/Back for heavy pack (50-70+ lbs) and self-arresting
- Knees/Ankles/feet for 5-10 miles and 9,000 ft elevation gain/loss in a day
- Altitude/elevation gain to 14,000+ ft (18,000+ ft in Ecuador)
- Endure cold temperatures
- Respiratory issues (asthma)
- Circulatory issues (frostbite, Raynaud's)
- Intestinal problems (IBS, Celiac's, Crohn's)
- Physical ability/body weight

### Physical concerns for **Climbing/Canyoneering:**

- Arms/Shoulders/Back/Clavicle for climbing & 50+ lbs pack
- Legs/Ankles/Knees for support and stemming, uneven terrain
- Heights/vertigo
- Cardiac considerations (sustained, accelerated heart rate)
- Susceptibility to heat related injuries
- Potential elevations of 8,000 ft
- Respiratory issues (asthma)
- Intestinal problems (IBS, Celiac's, Crohn's)
- Physical ability/body weight

### Physical concerns for **Dogsledding/Snow and Ice:**

- Shoulder/arms when cross country skiing/snowshoeing
- Legs/knees/ankles when cross country skiing, snowboarding, snowshoeing
- Endure cold temperatures
- Altitude/elevation gain to 14,000 ft
- Respiratory issues (asthma)
- Circulatory issues (frostbite, Raynaud's)
- Intestinal problems (IBS, Celiac's, Crohn's)
- Physical ability/body weight



## PART III Physician's Examination Section

### To the Physician, Licensed Nurse Practitioner, or Physician's Assistant:

You are being asked to consult on this applicant because we want them to have a safe and healthy experience. These courses contain elements of significant physical stress requiring more strength and endurance than most individuals ordinarily encounter. Your patient may be involved in activities such as:

- Backpacking w/50-60 lb. pack, hours at a time, over rough terrain
- Portaging 70 lb. canoe, up to several miles, across rough terrain
- Rock climbing or a ropes course—extreme heights
- Remote wilderness setting
- Immersion in cold water
- Running on uneven ground
- High altitude hiking/backpacking

We have found that people who are in overall good health with average physical ability can successfully complete the program. However, because the programs often take the participants to remote areas where quick access to medical facilities may be delayed for 8 hours or longer, prevention of serious health hazards becomes paramount. We appreciate your help—your assessment of this patient and our knowledge of the course elements will allow us to make an accurate medical screening decision. Thank you!

#### A. Vital Signs/Statistics Information must be based upon examination done within one year of course start date

Patient's Name _____	Blood Pressure _____/_____
Height _____ Weight _____ BMI _____	IF BP is over 150/90, please repeat:
Please indicate if patient is over <u>or</u> underweight:	Second Reading _____/_____
Overweight by _____ lbs. Underweight by _____ lbs.	
Pulse Irregularities <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please describe symptoms and indicate clinical significance: _____	

#### B. Physician's Examination Information must be based upon examination done within one year of course start date

√ if normal	Describe if abnormal	√ if normal	Describe if abnormal
Eyes/Ears		Abdomen	
Nose		Hernia	
Throat/Mouth		Back	
Neck		CNS	
Thyroid		Lymph Nodes	
Thorax/Lungs		Skin	
Heart		Extremities	
Heart Murmur		Shoulders	
If Murmur -- Functional		Knees	
		Ankles/Feet	
Peripheral Vsls.		Other	

Condition	Is Condition Controlled/Stable?	Condition	Is Condition Controlled/Stable?
Asthma		Seizures	
Hypertension		Allergies-food	
High Cholesterol		Allergies-other	
Diabetes		Other	

#### C. Summary of Active Medical Problems and/or Restrictions NONE or list below

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## PART III Physician's Examination Section

### D. Pre-Acceptance Cardiovascular Testing

This program may include a high ropes course and/or rock climbing, or other similar activities. Because these activities can cause both physical stress and anxiety, cardiovascular response may produce an unusually high pulse rate. If this patient has a sedentary lifestyle, is significantly overweight, is over 40, and/or has any of the following cardiovascular risk factors, we may suggest (and in some cases, require) that further cardiovascular testing be done prior to participation in the program.

- Diagnosed high blood pressure, even if being controlled with medication **(150/90 or higher in either case)**
- Smoker (smoked regularly within the past year)
- Diabetes
- Known abnormally high cholesterol level or on a diet or medication for a lipid abnormality
- Family history (parent/sibling) of heart attack, coronary artery by-pass/angioplasty, or sudden, unexplained death **before age 55**
- Current cardiovascular disease or History of prior heart disease
- Unexplained chest pain/pressure, shortness of breath, palpitations, sweats or exertional dizziness or faint spells

➤ Do you think an exercise stress test may help assess this applicant's risk of a serious cardiac event during the stresses described above for this course?     No     Yes

➤ Has this patient had an exercise stress test within the past year?     No     Yes

➤ Please forward a copy of the test summary:     Enclosed     Will FAX

**Participation in this program will depend upon interpretation of the test.**

### E. Physician Recommended Referrals

Do you feel further examination or specialty referral is indicated for this patient prior to participation in this wilderness program?     No     Yes    Please explain: \_\_\_\_\_

Consulting Opinion:     Enclosed     Will FAX

### F. Immunization

**We recommend that all of our participants have a current tetanus immunization (w/in 10 years)**

### G. Known Medications If any please list. Indicate if NONE.

Medication List Below	Taken For Symptom/Condition	Dosage Size/Frequency	Date Started	Current Side Effects (if any)

H. Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### I. Physician's Signature

How long have you known the applicant? \_\_\_\_\_

Please print physician's name: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date of Exam \_\_\_\_/\_\_\_\_/\_\_\_\_  
Must be within 1 year of start date

Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_