

Odyssey Wilderness Programs, Inc.
1106 Harris Ave., Suite 201
Bellingham, WA 98225

PHYSICAL EXAMINATION FORM

Parent or Guardian—Please have this form completed by a Primary Care Physician. This form is valid for submission to Odyssey Wilderness Programs up to one year after date of completion.

**A standard physical examination completed within one year of a student’s enrollment may substitute this form.

Odyssey Wilderness Programs Information for the Medical Professional

Odyssey Wilderness Program (OWP) courses vary in length from 28 to 56 days. Typical courses involve a combination of coastal backpacking and longboat sailing. Weather conditions can be moderately inclement with temperatures typically ranging from 40 to 80 degrees Fahrenheit. Prolonged storms, precipitation, high winds, intense sunlight, sudden immersion in cold water, and/or high seas are possible conditions a participant may experience.

Physical demands on the applicant may include carrying a backpack weighing between 35-55 pounds over uneven terrain such as sand, rocks, boulders, wet logs, or slippery surfaces, as well as ascending and descending steep embankments. Elevations for backpacking expeditions typically remain at sea level, although some courses may involve an elevation gain of approximately 6,000 feet. Physical demands of longboat sailing expeditions require rowing loaded boats for extended periods of time and hauling course equipment between the longboat and shore each day.

While participating in an OWP course, students will sleep outdoors, set up their own camp, prepare their own meals, and participate in long, physically demanding days. Each student is expected to take good care of his or her physical wellbeing and to learn appropriate techniques for maintaining personal hygiene while living outdoors.

OWP disinfects all drinking and cooking water with water filtration, iodine, or by boiling.

Prior physical conditioning is beneficial, but not necessary, to the applicant, as OWP courses are designed to accommodate unfit participants.

PART I – MEDICAL HISTORY

Physician, F.N.P., or P.A., please check “Yes” or “No” for each item. Each question must be answered.

Please provide the date and details of the occurrence for items marked “Yes” in the space provided below.

Does the applicant currently have or have a history of:

General Medical History

- | | | |
|--|------------------------------|-----------------------------|
| 1. Respiratory problems? Asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Gastrointestinal disturbances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Bleeding, deep vein thrombosis, or blood disorders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Hepatitis or other liver disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Neurological problems? Epilepsy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Seizures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Dizziness or fainting episodes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Migraines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Disorders of the urinary or reproductive tract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Cardiac problems? Chest pain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Hypertension? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Does this person see a medical or physical specialist of any kind? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Injury/Surgery History

- 14. Current or past history of muscular/skeletal/joint injuries/fractures/sprains? Yes No
- 15. Previous surgery? Yes No
- 16. Head injury? Concussion? Loss of consciousness? Yes No
- 17. Limitations due to previous injury or surgery? Yes No
- 18. Arthritis or other joint problems? Yes No

Allergies

- 19. Allergies to any foods? Yes No
- 20. Allergies to any insect bites or bee stings? Yes No
- 21. Any other allergies? Yes No
- 22. Water may be disinfected with iodine. Is iodine contraindicated? Yes No

Medications

- 23. Allergies to any medications? Yes No
- 24. Does the applicant wear prescription contact lenses or glasses? Yes No
- 25. Does the applicant plan to take any prescription or non-prescription medications on course? Yes No

If yes, please complete the table below:

Medication:	Dose:	Time of Administration:	Frequency:
Medication:	Dose:	Time of Administration:	Frequency:
Medication:	Dose:	Time of Administration:	Frequency:

Cold, Heat, Altitude

- 26. History of frostbite or Raynaud’s Syndrome? Yes No
- 27. History of heat stroke or other related illness? Yes No

Fitness

- 28. Does this person exercise regularly? Yes No

If yes, please complete the table below:

Activity:	Duration:	Intensity Level:	Frequency:
Activity:	Duration:	Intensity Level:	Frequency:

- 29. Current or past history of being over or underweight? Yes No
- 30. Does the applicant smoke? Yes No

If yes, how often (check one) Occasionally Daily Multiple Daily

- 31. Can the applicant swim? Yes No

If yes, how well (check one) Treads Water Recreationally Swims Competitive Swimmer

Female Applicants Only

- 32. History of irregular menstrual periods? Yes No
- 33. Current or previous treatment for menstrual cramps? Yes No
- 34. Previous pregnancy or abortion? Yes No
- 35. Is she currently pregnant? Yes No

Please complete the table below for all questions marked “Yes”:

Item #	Date of Occurrence(s)	Details

PART II – PHYSICAL EXAMINATION

Physical examination is required for student to participate in Odyssey Wilderness Programs and is good for up to one year after date of completion.

STUDENT NAME: _____ HEIGHT: _____ WEIGHT: _____

SEX: _____ AGE: _____ DOB: _____ BP: _____

*Tanner Stage or Maturation Index: (males only) _____

*Percent Body Fat: _____ *Audiogram _____

*Vision:

Corrected (L) _____ (R) _____ (Both) _____

Uncorrected (L) _____ (R) _____ (Both) _____

*Pulse:

(rest) _____ (Exercise) _____ (Recovery) _____

*FEV or Peak Flow:

(rest) _____ (Exercise) _____ (Recovery) _____

	N	ABNORMAL		N	ABNORMAL
Eyes			Abdomen		
Ears			Cervical Spine/Neck		
Nose			Back		
Throat			Shoulders		
Teeth			Arm/Elbow/Wrist/Hand		
Skin			Knees/Hips		
Lymphatic			Ankle/Feet		
Lungs			Marfan Screen		
Heart			*Urine		
Peripheral Pulses			*Hemoglobin/HCT/Iron Stores		

***WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations.)

I have acquired the medical history and completed the physical examination above and make the following recommendations for the applicant’s participation in Odyssey Wilderness Programs:

CLEARED WITHOUT RESTRICTIONS

Cleared **AFTER** further evaluation or treatment for: _____

Cleared for **LIMITED PARTICIPATION** (check and explain “reason” for all that apply):

Not cleared for (specific activities) _____

Cleared only for (specific activities) _____

Reason(s): _____

NOT CLEARED FOR PARTICIPATION

Reason(s): _____

Other Recommendations: _____

Recommend close monitoring during program activities because of weight/fitness/other

Other _____

Reason(s): _____

Physician Signature (MD, DO, LNP, PA)

Date of Examination

Printed Name and Degree of Examiner

Phone Number

Address

City

State

Zip