



HEALTH FORM

Participant's Name

() _____
Daytime or Cellular Phone

() _____
Permanent Phone

Gender

Age

The Southern Terrain Expedition Information for the Medical Professional

Southern Terrain programs are wilderness expeditions, varying in length from eight days to three months. Southern Terrain expeditions operate in remote areas where evacuation to modern medical facilities may take days.

Weather conditions can be extreme with temperatures ranging from -40° F to +100° F. Prolonged storms, high winds, intense sunlight, sudden immersion in cold water and/or high seas are possible.

Physical demands on the applicant may include carrying a backpack weighing between 35-55 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. Elevations for backpacking courses range from sea level to 15,000 feet. Peak climbs on mountaineering courses may be as high as 24,000 feet. The Aconcagua and Mt. Whitney expeditions may reach elevations of 23,000 feet and 14,500 feet respectively. Physical demands of sea kayaking and river courses require paddling heavily loaded kayaks, canoes or rafts and lifting and carrying boats over uneven terrain.

While participating on an expedition with Southern Terrain, Participants will sleep outdoors, experience long physically demanding days, possibly set up their own camp and prepare their own meals. Each Participant is expected to take good care of him or herself. On some courses, Participants may have the option to fast without food, for up to five days.

The Southern Terrain disinfects all wilderness water with iodine, chlorine, and chlorine dioxide or by boiling or filtering. Not all of these methods are effective against cryptosporidium. Immunocompromised people may wish to obtain an appropriate water filter for their course.

A Southern Terrain program is not a rehabilitation program. A Southern Terrain program is not the place to quit smoking, drinking or drugs or to work through behavioral or psychological problems. Prior physical conditioning and an enthusiastic mental attitude are a necessity. Participants may find a course to be an extremely demanding experience both



physically and emotionally.

In the interest of the personal safety of both the applicant and the other expedition members, please consider the questions carefully when completing the health form. A "Yes" answer does not automatically cancel a Participant's enrollment. If we have any question on the Participant's capacity to successfully complete the course we will call the Participant to discuss it.

The applicant is not accepted in a program until the health form has been reviewed and approved by Southern Terrain admissions personnel.

Your detailed comments will expedite our review of this form.

Physician, F.N.P. or P.A.:

Please check YES or NO for each item. Each question must be answered and please **provide date and details for all "yes" answers.** If further explanation is required, please attach additional pages to the end of this Health Form with such explanation.

General Medical History

Does the applicant currently have or have a history of:

- 1. Respiratory problems? Asthma? YES NO
- Is the asthma well controlled with an inhaler? YES NO

If so, please have the applicant bring inhaler(s) with him/her for the course.

What triggers an attack? Last episode? Ever hospitalized?

- 2. Gastrointestinal disturbances? YES NO
- 3. Diabetes? YES NO

Examiners comments:

- 4. Bleeding, DVT (deep vein thrombosis) or blood disorders? YES NO
- 5. Hepatitis or other liver disease? YES NO

Examiners comments:

- 6. Neurological problems? Epilepsy? YES NO
- 7. Seizures? YES NO
- 8. Dizziness or fainting episodes? YES NO

9. Migraines? Medications, frequency, are they debilitating? YES NO
 6-9. Describe frequency, date of last episode, and severity.

10. Disorders of the urinary or reproductive tract? YES NO
 11. Any disease? YES NO
 12. Does this person see a medical or physical specialist of any kind?
 YES NO
 If "yes" please specify the issue(s) and provide name/address of specialist

Questions 13 and 14 Are For Female Participants Only:

13. Treatment or medication for menstrual cramps? YES NO
 14. Is she pregnant? YES NO
 Examiner's specific comments:

15. Hypertension? YES NO
 16. Cardiac problems? Unexplained chest pain? YES NO
 Examiner's specific comments:

Cardiac Screening:

A stress ECG is required if the applicant is:	Cardiac Risk Factors
1. Over 35 years old and has 2 cardiac risk factors 2. Over 50 years old and has 1 cardiac risk factor. 3. Over 50 years old and leads a sedentary lifestyle. 4. Any age with a known heart condition. Please provide a written note from your doctor stating the date of the stress ECG and the results.	1. High blood pressure 2. Current or prior cardiovascular disease 3. High blood cholesterol 4. Family history of heart disease (family member who's had a heart attack at less than 55 years of age) 5. Smoking



The stress ECG requirement may be waived for applicants who are over 50 years of age with no cardiac risk factors and who are in good physical condition. Their physician must note that the applicant has (a) no cardiac risk factors and (b) excellent cardiac health in the space provided in the final page of this Health Form.

Muscle/Skeletal Injuries/Fractures

Does the applicant currently have or does he/she have a history within the past 3 years of:

17. Knee, hip, foot or ankle injuries (including sprains) and/or surgery? [] YES [] NO

Type of injury or surgery? When did the injury or surgery occur?

Is there full range of motion? Full strength? [] YES [] NO

What is the most rigorous activity participated in since the injury/surgery? Results?

Examiner’s specific comments: (include date of last occurrence and the effect of the problem on current activity levels)

18. Shoulder, arm or back injuries (including sprains) and/or surgery? [] YES [] NO

Type of injury or surgery? When did the injury or surgery occur?

Is there full range of motion? Full strength? [] YES [] NO

What is the most rigorous activity participated in since the injury/surgery? Results?

Examiner’s specific comments: (include date of last occurrence and the effect of the problem on current activity levels)

19. Any other joint problems? [] YES [] NO



Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity levels)

20. Head Injury? Loss of consciousness? For how long? YES NO

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity levels)

21. Does the applicant have any physical, cognitive, sensory or emotional condition that would require a special teaching environment? YES NO

If yes, please describe how the condition effects the Participant:

Personal History (Counseling/Psychiatric/Learning Disabilities)

The Southern Terrain requires that any Participant with a counseling history demanding medication, hospitalization or residential treatment, display one year of stability before they will be accepted for a program. They must be successfully employed or in school.

22. Has he/she had treatment, counseling or hospitalization with a mental health professional?

YES NO

23. Is he/she currently in treatment or counseling?

YES NO

24. Reasons for treatment or counseling?

- Suicide ADD/ADHD
- Substance Abuse/Chemical Dependency Family Issues/Divorce
- Eating Disorder (anorexia/bulimia) Depression
- Academic/Career Other

Please provide specific dates and details of Counseling and medications that were prescribed:

25. Name, address and telephone of therapist or counselor

Name () Phone

Street Address State Zip

Allergies

26. Is he/she allergic to any foods? YES NO

Describe:

27. Are there any dietary restrictions? Please specify. YES NO
 Vegetarian Vegan Other

28. Allergic to insect bites or bee stings? YES NO
If appropriate please bring 2-3 Epi Pens or Twinjects.

Examiner's specific comments:

29. Any other allergies? YES NO

Examiners Specific Comments:

30. Water may be disinfected with iodine. Is iodine contraindicated? YES NO

Medications

31. Is he/she allergic to any medications? YES NO

If yes, please list:

32. Does this person plan to take any prescription or non-prescription medications during a Southern Terrain program? YES NO

A Southern Terrain program may travel in remote areas where access to medical care may be one or more days away. The Participant must understand the use of any prescription medications they may be taking. Written specific instructions are necessary. All Participants who are required by their personal physician, psychiatrist or health care provider to take prescription medications on a regular basis must be able to do so on their own and without additional supervision.

Fitness (please provide details concerning the students exercise regime)

Does the applicant exercise regularly? YES NO

Activity or Activities:

Frequency: _____

Duration/Distance: _____

Intensity Level Easy Moderate Competitive

36. Does this person smoke? If so how much? _____
 YES NO

37. Is this person overweight? Underweight? If so, how much? YES NO

38. Swimming ability (CHECK ONE):

Non-swimmer Recreational Competitive



Physical Examination

Physician must read and fill out pages 1-7. Physical examination data cannot be more than a year old from the starting date of the Southern Terrain program. (Please type or print legibly)

The Southern Terrain Requires a Tetanus Immunization Within 10 Years of the Start Date of the Course. Expeditions Outside the U.S. May Require Additional Immunizations. Please refer to your program description for specific information.

Blood Pressure Pulse Last Tetanus Inoculation Height Weight

General Appearance, Impressions and Comments: (If applicable, address cardiac health. See question #16.):

Examiner's Name ()
Phone

Street Address State Zip

Physician, F.N.P. OR P.A. Signature Date:

By my signature, I attest that the information in this form is correct and the person named on page one of this form is medically cleared to participate in a Southern Terrain program based on the expedition information provided on page 1 of this form along with the background information provided by the applicant and my physical examination of him/her.

Please return all pages of this Health Form to:
The Southern Terrain
7005 La Jolla, Blvd. Suite 2
La Jolla, CA 92037 USA