



## NORTH CAROLINA OUTWARD BOUND SCHOOL

The North Carolina Outward Bound School (NCOBS) strives to accommodate applicants who struggle with environmental allergens. We must be clear that NCOBS cannot guarantee there will be no exposure to these allergens.

All Outward Bound applicants are required to provide medical information related to their medical history or condition. Once all required paperwork is returned, each applicant will be screened on a case-by-case basis.

If the applicant has had an anaphylactic response related to an environmental allergen, NCOBS must consider our remote wilderness area as we determine the appropriateness of our programs for the applicant.

***Initial here to confirm you have read and understood the information above***

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**ENVIRONMENTAL ALLERGEN QUESTIONNAIRE**

1. Name of Allergen \_\_\_\_\_

2. Reaction(s) when exposed to allergen: (check all that apply)

Reaction	From Sting or Bite	From Ingestion	From Physical Touch	From Inhalation	From Close Proximity
Swelling					
Nausea					
Itching					
Hives					
Vomiting					
Diarrhea					
Anaphylaxis (severe, life threatening allergic reaction)					
Other (please specify) _____					

3. If you checked Anaphylaxis above, please complete the following for each anaphylactic episode:

Anaphylactic REACTION 1

1) Date of reaction: (DD/MM/YR) \_\_\_\_\_

2) Did you visit the ER/hospital/Urgent care? **Yes / No**

3) If answered yes, please check the level of care provided during the above visit:

- Observation only (<24hrs, no admittance)
- Admitted for observation
- Admitted for advance care (ICU)

4) During the above visit were antihistamine (Benadryl) and/ or epinephrine administered? If yes, please indicate the following:

Medication	Dosage (amount)	Frequency (number of times dosage given)	Duration (time between repeat dosages)
<b>Anti-histamine</b>			
<b>Epinephrine</b>			
<b>Other</b> (please specify) _____			



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### Anaphylactic REACTION 2 (if applicable)

- 1) Date of reaction: (DD/MM/YR) \_\_\_\_\_
- 2) Did you visit the ER/hospital/Urgent care? **Yes / No**
- 3) If answered yes, please check the level of care provided during the above visit:
  - Observation only (<24hrs, no admittance)
  - Admitted for observation
  - Admitted for advance care (ICU)
- 4) During the above visit were antihistamine (Benadryl) and/ or epinephrine administered? If yes, please indicate the following:

Medication	Dosage (amount)	Frequency (number of times dosage given)	Duration (time between repeat dosages)
<b>Anti-histamine</b>			
<b>Epinephrine</b>			
<b>Other</b> (please specify)			

### Anaphylactic REACTION 3 (if applicable)

- 1) Date of reaction: (DD/MM/YR) \_\_\_\_\_
- 2) Did you visit the ER/hospital/Urgent care? **Yes / No**
- 3) If answered yes, please check the level of care provided during the above visit:
  - Observation only (<24hrs, no admittance)
  - Admitted for observation
  - Admitted for advance care (ICU)
- 4) During the above visit were antihistamine (Benadryl) and/ or epinephrine administered? If yes, please indicate the following:

Medication	Dosage (amount)	Frequency (number of times dosage given)	Duration (time between repeat dosages)
<b>Anti-histamine</b>			
<b>Epinephrine</b>			
<b>Other</b> (please specify)			

4. Is there anything else you would like to share regarding the environmental allergen?