NORTH CAROLINA
OUTWARD BOUND SCHOOL

MEDICAL RECORD - VETERANS AND SERVICE MEMBERS

THIS FORM DOES NOT REQUIRE A PHYSICIAN'S EXAM

Welcome to Outward Bound!

All participants are required to complete our Medical Record booklet. The information you provide informs us of your physical, emotional and motivational ability to attend course and helps determine if an Outward Bound course is appropriate for you at this time.

Take time to answer questions completely. Every item in the Medical Record booklet must be completed. Mark a section "N/A" if it is not applicable to you. Any item or section not completed will require telephone or written follow-up. Failure to fully complete required forms will delay your application. (Keep a copy of this booklet for your records.)

It is imperative that you or your doctor notify our Medical Screener of any significant changes in your health after you submit the Medical Record booklet and prior to your course start. Our Medical Screener can be reached by calling 800-709-6098 or e-mailing medical@ncobs.org.

North Carolina Outward Bound accepts participants who are physically challenged or have special medical conditions providing their condition does not pose a significant safety risk to themselves or others. This long-standing practice is consistent with our educational goals and philosophies as well as our legal and ethical obligations.

MEDICATIONS

If you are taking prescription medication(s), you MUST bring them in their ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply.

Non-prescription or prescription drugs brought on course must be noted in the Medical Record booklet. Medications listed must accompany the participant on course.

Participants will not be permitted to begin their course without their required medications OR with new medications not approved by our Medical Screener.

ADDITIONAL FORMS

Depending on your course and the answers you provided while completing your Health History Questionnaire, you may need to fill out additional forms to complete your application process. These additional forms will be indicated in your **Registration E-mail** and should be returned along with this Medical Record booklet, the Cancellation Policy form and the Participant Acknowledgement and Assumption of Risks and Liability Release and Indemnity Agreement.

INSURANCE

During your course, you should be covered by your own or your family's health and/or accident insurance. Please provide your policy number, company name and address and the policy holder's name, as well as a copy of the front and back of your health insurance card. Bills for medical treatment will be the responsibility of your insurance company. If you are not covered by health and/or accident insurance, you or your family are responsible for any costs incurred. We suggest you consider purchasing a short-term health insurance plan. For international courses or courses with an international component, we also suggest you consider purchasing travel insurance.

NUTRITION

Outward Bound practices Leave No Trace camping ethics. Therefore, we seldom build fires. You will be cooking on gas camp stoves. Your instructors will teach you backcountry cooking techniques and you will be responsible for helping with the preparation of all meals for yourself and your crewmates. Your diet will be a mix of dehydrated foods, fresh fruits and vegetables. We use rice, tortillas, crackers, salami, cheese, peanut butter, jelly, tuna fish, pasta and trail mixes. The amount of physical activity you experience during your course demands a nutritious diet to help fuel your body. Junk food is not available on course. To prepare, we suggest you cut down on candy, soft drinks, coffee, pastries and other junk foods. Moderating caffeine, alcohol and tobacco consumption will contribute to your fitness. These products will not be part of your Outward Bound course; a clear head and fast reflexes are essential to safety and success on course.

If you are overweight, don't go on a crash diet to shed extra pounds; you will only deplete the strength you want to develop. Please check with our Medical Screener to set a realistic goal for weight loss and stay committed. With advance notice, lactose-free and vegetarian diets can be accommodated. For other diets, such as low fat, vegan and lactose-free vegetarian, it may be necessary for you to bring supplements. Talk with our Medical Screener about appropriate foods and amounts.

REQUIRED SIGNATURES

Applicant must sign pages one (1) and seven (7).

QUESTIONS

If you have questions regarding medical information, contact our Medical Screener at 800-709-6098 or e-mail medical@ncobs.org.

Other non-medical questions should be directed to your Matthew Rosky, Veterans and Service Members Program Manager. Matt can be reached by phone on 828-239-2117 or by e-mail at mrosky@ncobs.org.

OUTWARD BOUND

4 PAGE PARTICIPANT MEDICAL RECORD

RETURN

OFFICE USE ONLY

FOLLOW-UP

APPROVAL

PART I – GENERAL INFORMATION

PROGRAM/COURSE NUMBER: _____ START DATE: _____

Applicant

Title: ❑Dr. ❑Mr. ❑Mrs. ❑Miss ❑Other: _____

Name: _____ Age at Program Start: _____ DOB: _____

Address: _____ Height: _____ ft. _____ inches Weight: _____ lbs.

City/State/Zip: _____ Sex identified as: ❑ Male

Home Phone: _____ ❑ Female

Cell Phone: _____ ❑ _____

E-mail: _____ Occupation: _____

Parent/Custodial Guardian 1 (if applicant is under the age of 21)

Title: ❑Dr. ❑Mr. ❑Mrs. ❑Miss ❑Other: _____

Name: _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Parent/Custodial Guardian 2 (if applicant is under the age of 21)

Title: ❑Dr. ❑Mr. ❑Mrs. ❑Miss ❑Other: _____

Name: _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Emergency Contact (other than parent/guardian if the applicant is under the age of 21)

Name: _____ Relationship to Applicant: _____

Home Phone: _____ Cell or Work Phone: _____

Ethnic Background (optional)

❑ Asian ❑ Caucasian (Non-Hispanic) ❑ American Indian/Alaskan Native

❑ Multi-Ethnic ❑ Native Hawaiian or Pacific Islander ❑ Do Not Know Ethnicity

❑ Hispanic or Latino ❑ African American ❑ Other: _____

SIGNATURE REQUIRED Consent is hereby given for the applicant to attend an OUTWARD BOUND program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment (whether for an emergency or not) which might become necessary. I agree to be responsible for any and all costs associated with such treatment, including the costs of evacuation, if any. All information will be kept confidential except that information may be disclosed to any medical or other provider as needed for my (or my child's) care. If Outward Bound arranges for treatment for me (or my child) by a medical provider, I authorize that medical provider to release information about me (or my child), and my (or my child's) condition and treatment to Outward Bound. Over the years, many students with a variety of medical and psychological difficulties have successfully completed our programs, but we must be aware of these conditions. **Failure to disclose such information could result in serious harm to you (or your child) and fellow students. I understand that I (or my child) may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay.** If you (or your child) arrive at the program start with a pre-existing medical, behavioral or psychological condition which is not indicated on your medical form and you are subsequently unable to participate fully or are forced to leave the program because of that condition, you may be charged an evacuation fee and may not receive a refund of tuition.

Applicant's Signature _____ **Date** _____

Parent's/Guardian's Signature _____ **Date** _____

(Required if applicant is under the age of 18 OR if applicant is a resident of Alabama and is under the age of 19 OR if applicant is a resident of Mississippi and is under the age of 21.)

PART II PARTICIPANT HISTORY: PAST AND PRESENT MEDICAL PROBLEMS

Do any of the following apply to you? If YES check the box next to the item and provide details in the spaces below. Include the following:

- **Specific symptoms that are occurring**
- **How often symptom/condition occurs**
- **How long symptom/condition lasts**
- **How you care for symptom/condition**
- **Date of last occurrence**
- **Any restrictions**

CONDITION	SYMPTOMS/RESTRICTIONS
❑ High Blood Pressure	
❑ Heart Disease	
❑ Heart Murmur	
❑ Irregular Heartbeat / Palpitations	
❑ Chest Pain / Pressure	
❑ Circulation Problems	
❑ Frostbite	
❑ Heatstroke	
❑ Frequent Dizziness / Fainting	
❑ History of Altitude Sickness	
❑ Severe Headaches / Migraines	
❑ Head injury with neurological impairment	
❑ Tuberculosis / Positive TB test	
❑ Asthma or COPD	
❑ Active or History of Hepatitis	
❑ Lyme Disease	
❑ Seizure Disorder / Epilepsy	
❑ Seizure within past 6 months	
❑ Bleeding / Blood Disorder	
❑ Sickle Cell Anemia	
❑ Sickle Cell Trait	
❑ Hypoglycemia (low blood sugar)	
❑ Diabetes	
❑ Cancer	
❑ Thyroid Problems	
❑ Gastro-intestinal Problems	
❑ Special Diet	
❑ Food Allergies	
❑ Kidney Problems	
❑ Urinary Tract Problems	
❑ Bedwetting	
❑ Orthopedic Problems	
❑ Broken Bones within past year	
❑ Hearing Impairment	
❑ Vision Impairment	
❑ Skin Problem	
❑ Motion Sickness	
❑ Sleep Walking	
❑ PMS/Menstrual Problems (severe)	
❑ Currently Pregnant	
❑ Medical Equipment/ Devices	
❑ Other	

A. ALLERGIES Include allergies to medicine, foods, insect bites/stings, environmental, etc.

Allergy List Below	Reaction List Below	Medication Required (if any)

B. MEDICATIONS YOU ARE CURRENTLY TAKING If psychiatric medication, please list any medications taken or changed within the past 3 months. Also list any over-the-counter, inhalers, herbal supplements, etc.

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

NOTE: If you are taking prescription medications, you MUST bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply. Any changes to the above noted medications or dosages, please contact Outward Bound.

C. HOSPITALIZATIONS/EMERGENCIES Please list any hospital, psychiatric, or urgent care visits within the past 1 year.

Date of Visit/Admittance	Reason	Length of Stay

D. BLOOD PRESSURE

Blood Pressure: _____ Date Taken: _____ (Must be within 1 year of course start)
Blood pressure may be taken with apparatus at a local grocery or drug store.

E. IMMUNIZATIONS

We recommend that all of our participants have a current tetanus immunization (within 10 years).

F. PERSONAL HISTORY based on the past year.

Do any of the following apply to you? If YES check the box next to the item and provide details on the spaces below.

- ❑ ADHD
- ❑ Anxiety Disorder
- ❑ Depressive Disorder
- ❑ Eating Disorder
- ❑ Learning Disability
- ❑ Personality Disorder
- ❑ Substance Related Disorder
- ❑ Other _____
- ❑ Autism Spectrum Disorder
- ❑ Bipolar Disorders
- ❑ Disruptive and Conduct Disorder
- ❑ Intellectual Disability
- ❑ Obsessive-Compulsive Disorder
- ❑ Schizophrenia Spectrum Disorder
- ❑ Trauma and Stressor Related Disorder

Have you received treatment or therapy for any of the above, either currently or in the past year? If YES check the box next to the item and provide details on the spaces below.

- ❑ Medication(s)
- ❑ Out Patient Counseling
- ❑ Day Treatment
- ❑ Residential Treatment
- ❑ Psychiatric Hospitalization

Describe: _____

Describe: _____

If you checked any of the above, please provide the following information for your therapist and/or prescribing physician:

Prescribing Physician Name: _____ Therapist Name: _____
Phone Number: _____ Phone Number: _____
Fax Number: _____ Fax Number: _____
Email: _____ Email: _____

G. LIFESTYLE

Do any of the following apply to you? If YES check the box next to the item and provide details on the spaces below. **Include dates, amounts, reasons, etc.**

- ❑ Do you use alcohol? _____
- ❑ Do you use tobacco? _____
- ❑ Do you use recreational drugs or marijuana? _____
- ❑ Do you have a history or current problem with substance abuse or dependency? _____
- ❑ Have you been suspended or expelled from school in the past year? _____
- ❑ Have you been on probation or had any involvement with the justice system? _____

H. CURRENT EXERCISE ACTIVITY

List your current physical activity (if any). You will be expected to engage in rigorous physical activity during your Outward Bound experience. It is vital that you start (or continue) a physical fitness routine in preparation for the program!

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely

I. SWIMMING ABILITY (CHECK ONE)

❑ Non-Swimmer ❑ Weak Swimmer ❑ Moderate Swimmer ❑ Strong Swimmer

III-APPLICANT QUESTIONNAIRE

Attach a copy of your DD214 when you return your forms. If you are currently on active duty, or active with the National Guard or Reserve please provide documentation of your current assignment.

1. Why did you decide to apply for this course?

2. What are you most looking forward to on your course?

3. What goals are you setting for yourself while on course?

4. What concerns, if any, do you have about your Outward Bound course?

5. What is/was your MOS, AFSC or rating?

6. Did you deploy for Operation Enduring Freedom, Operation Iraqi Freedom or both? What were your periods of deployment?

7. If you did not deploy for OEF or OIF, during what era did you serve?

8. With which units did you serve?

9. Current rank or rank at separation or retirement (optional)

10. Would you like us to be aware of any medals, awards or commendations that you have earned during your service? (optional)

11. Is there anything else you would like your Outward Bound instructors to know about you or your military service?

12. How did you hear about the Outward Bound Veterans' Program? (School, VAMC, other)

DOUBLE CHECK page one (1) to confirm that you recorded date of birth (DOB), height, weight and blood pressure. This is REQUIRED information.

IV-EXPULSION/EARLY DEPARTURE POLICY AND COMMITMENT TO EXCELLENCE

Kurt Hahn, the founder of Outward Bound attributed the success of Outward Bound to the activities, which developed a positive attitude towards challenge and an ethic of service and compassion for others. His objective was to nurture youth with convictions that were rooted in four basic concepts: physical fitness, craftsmanship, self-reliance, and above all, compassion. The intent was to equip young people "to affect what is recognized to be right, despite hardships, despite dangers, despite inner skepticism, despite boredom, despite mockery from the world, despite emotion of the moment." He saw this as central to survival in a complex modern society. Today, there are over 50 Outward Bound schools and centers around the world using wilderness and urban environments to teach values and skills to people of all ages. Our aim is to help build self-esteem, self-confidence as well as concern and respect for others.

With that said, it is important that you come with a willingness to open yourself to the journey that Outward Bound begins. Every instructor relies on the establishment of some basic rules designed to maintain physical and emotional safety. These rules are non-negotiable, reasonable and basic. All courses are a bit different but, at a minimum, we will expect the following:

- Be open to meeting new people
- Try your hardest and participate to your fullest
- Make mistakes and learn from them
- No exclusive relationships, sexual activity or cliques
- Follow all physical and emotional safety guidelines
- No derogatory language, drugs, alcohol or physical violence

Expulsion: You will be removed from course by our staff if you exhibit behavior deemed inappropriate to our school's mission and policy. The use of non-prescription drugs, alcohol, derogatory language or physical violence are inappropriate and can result in expulsion. In addition, if we determine that any relevant information was misrepresented or not disclosed in your application or required forms, we have the right to remove you from the course. You will be charged a $100 evacuation fee and are responsible for paying any fees and changes in fare to re-book your flight home.

Early Departure: If you choose to leave course for any personal reason (e.g. weather conditions, motivation, homesickness, etc.) you will be charged a $100 evacuation fee and are responsible for paying any fees and changes in fare to re-book your flight home.

Disclosure and Policy Agreement: The information provided on these forms and all other forms and questionnaires is a complete and accurate representation of my physical and psychological condition and history.

These policies are in effect from the point of pick up at course start to drop off at course end.

I have read the above and, without undue influences from others, and agree to abide by the rules and standards of North Carolina Outward Bound. I am also aware that should I be expelled from or choose to depart from the course for any reason that I will be charged an evacuation fee and am responsible for paying any fees and changes in fare to re-book my flight home.

Participant Signature: _____

V-INSURANCE INFORMATION

1. IF YOU ARE MAILING YOUR FORMS, STAPLE OR TAPE A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD IN THIS SPACE.

2. IF YOU ARE SCANNING AND E-MAILING OR FAXING YOUR FORMS, INCLUDE COPIES OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD.

3. IF YOU DO NOT CARRY A HEALTH INSURANCE POLICY CHECK HERE: ☐

3. DON'T FORGET TO ATTACH A COPY OF YOUR DD214 OR DOUCMENTATION OF YOUR CURENT ASSIGNEMNT.

The following information is needed for our insurance records. Each applicant is responsible for any and all medical expenses and should be covered by his/her own sickness and accident insurance.

Insurance Company Name: _____ **Policy Number:** _____

Claim Billing Address: _____ **City/State/Zip:** _____

Prescription Plan Name: _____ **Policy Number:** _____

Claim Billing Address: _____ **City/State/Zip:** _____