



ASTHMA MEDICATION QUESTIONNAIRE

Applicant Name: _____ **Course Number:** _____

Many applicants with asthma have safely and successfully completed North Carolina Outward Bound courses. Be as detailed as possible.

1. What year was the asthma diagnosed? _____

2. Has hospitalization been required for asthma? Yes No

If "Yes", describe and give dates:

3. Has emergency room treatment been required for asthma? Yes No

If "Yes", describe and give dates:

4. What triggers the asthma? (cold, allergies, exercise, etc.)

Describe:

5. What medication(s)* are used to control the asthma?

| MEDICATION | RESCUE OR DAILY USE | DOSAGE INSTRUCTIONS |
|-------------------|----------------------------|----------------------------|
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***If you are taking prescription medication(s), you MUST bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply.**

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