



UNIVERSITY OF KANSAS OUTDOOR PURSUITS PROGRAM HEALTH FORM

<PLEASE PRINT OUT, COMPLETE, AND SEND BACK PROMPTLY>

NAME: _____ COURSE: _____

DATES: _____

SEX: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

TRIP INFORMATION FOR APPLICANT

The University of Kansas Outdoor Pursuits Program recommends all participants be cleared by a physician before beginning any physical activity or outdoor trip. The University of Kansas Outdoor Pursuits Program operates single- to multi-day outings that may include rock climbing, backpacking, rafting, and hiking up high alpine peaks. You may be carrying a pack of 55-85 pounds, climbing, and paddling kayaks. You may sleep outdoors, prepare your own meals, and be expected to take care of yourself while under the supervision of trip leaders.

Weather conditions can be extreme with temperatures ranging from 20 to 100 degrees F. Prolonged storms, high winds and intense sunlight are possible. It can be physically demanding. Prior physical conditioning is strongly recommended.

In the interest of the personal safety of both the applicant and the other expedition members, please consider the above description carefully when performing the medical examination.

MEDICAL HISTORY

	Epilepsy?	Yes	No
	Respiratory problems?	Yes	No
	Gastrointestinal disturbances?	Yes	No
	Disorders of the urinary tract?	Yes	No
1. Does the applicant have a history of:	Hypertension?	Yes	No
	Liver dysfunction?	Yes	No
	Arthritis?	Yes	No
	Neurological problems?	Yes	No
	Bleeding disorders?	Yes	No
2. Does the applicant require treatment or medication for menstrual or abdominal cramps?		Yes	No
3. Does the applicant have a cardiac history?		Yes	No
4. Does the applicant currently have any knee, ankle, back, or any other joint problems?		Yes	No
5. Does the applicant have a history of sprains, injuries, or operations to his/her knees, ankles, back or any other joint?		Yes	No
6. Has he/she ever had frostbite?		Yes	No
7. Has he/she ever had symptoms of asthma?		Yes	No
8. Has he/she ever had treatment for problems arising from drug/alcohol abuse?		Yes	No
9. Is he/she a diabetic?		Yes	No
10. Does he/she have thyroid problems?		Yes	No
11. Is he/she allergic to any medications? If so, please specify.		Yes	No
12. Is he/she allergic to any foods, insects, plants, etc.? If so, please specify.		Yes	No
13. Is he/she currently taking any medications? If so, please specify.		Yes	No
14. Is he/she on a medically prescribed diet?		Yes	No
15. Is he/she allergic to iodine?		Yes	No
16. Does he/she see a specialist of any kind?		Yes	No
17. Does he/she have sensitivity to sunlight or heat?		Yes	No
18. Does he/she suffer from migraines or headaches?		Yes	No

If you answered YES to any of the above, please explain:

When was your last DT series? _____

We strongly recommend an updated tetanus shot for all ODP participants.

Signature: _____ Date: _____

If you have any questions or concerns, please contact the KU Outdoor Pursuits Program at (785) 864-1843.