



Prescott College
Medical History Form

NOTE: Form to be completed and signed by a Physician, F.N.P. or P.A. within six months of student's starting date at Prescott College.

To be completed by student.

Student's Name _____ Age _____ Date _____

Email _____ Day Phone _____ Evening Phone _____

Student's Signature _____

Date _____

By my signature I agree to release the medical information contained on this form to Prescott College instructors and staff who are involved in caring for my health and well being.

To be completed by medical professional.

Prescott College Wilderness Course Information for the Medical Professional Some Prescott College courses take place in remote areas where evacuation to medical facilities may take more than a day. Many students entering the Resident Degree Program at the College participate in a Wilderness Orientation course. There are many other field courses students choose to enroll in and this medical history information is used for them as well. What follows is a general description of what a student might encounter on a course involving wilderness expedition travel.

Weather conditions can vary with temperatures ranging from 0° F to +100° F. Storms, high winds, intense sunlight, and immersion in cold water are possible. Physical demands on the applicant may include carrying a backpack weighing between 55-70 pounds over uneven terrain such as rocks, boulders, snow, fallen logs, or slippery surfaces as well as ascending and descending steep slopes. Elevations can range from 2,000 to 8,000 feet.

While participating in a wilderness expedition course, students sleep outdoors and experience long physically demanding days. Each student is expected to take care of him or herself. Students may have the option to fast without food, for up to 3 days while participating in a solo experience.

Prescott College disinfects all wilderness water with iodine, chlorine, chlorine dioxide or by boiling. *Not all of these methods are effective against cryptosporidium. Immunocompromised people may wish to obtain an appropriate water filter for these courses.*

Prior physical conditioning and an enthusiastic mental attitude are a necessity. Students find an expedition-based course such as Wilderness Orientation to be a demanding experience both physically and emotionally. It also has the potential to be tremendously rewarding.

In the interest of the personal safety of both the applicant and the rest of their group, please consider the questions carefully when completing this medical history form. A "Yes" answer does not automatically cancel a student's enrollment in a wilderness expedition course. If there are any questions about the student's capacity to successfully complete a course, the student will be contacted to discuss their situation. Return the completed application to: Prescott College Admissions, 220 Grove Avenue, Prescott, Arizona 86301, Fax (928)776-5242, Phone (928) 350-2100

Complete information will expedite the review of this form.

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

Check YES or NO for each item. Each question must be answered. Provide date and details for all YES answers.

General Medical History

Does the applicant have a history of:

1. Respiratory problems? Asthma? ☐ YES ☐ NO If YES, is the asthma well controlled with an inhaler? ☐ YES ☐ NO

If YES, have the student bring inhaler(s) with them for their course.

What triggers an attack? Last episode? Ever hospitalized? _____

Any chronic lung infections? ☐ YES ☐ NO

If YES, what is the diagnosis _____

2. Gastrointestinal disturbances? ☐ YES ☐ NO

3. Diabetes? ☐ YES ☐ NO

Examiner's specific comments: _____

4. Bleeding, DVT (deep vein thrombosis) or blood disorders? ☐ YES ☐ NO

5. Hepatitis or other liver disease? ☐ YES ☐ NO

Examiner's specific comments: _____

6. Neurological problems? Epilepsy? ☐ YES ☐ NO

7. Seizures? ☐ YES ☐ NO

8. Dizziness or fainting episodes? ☐ YES ☐ NO

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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 specify the issue(s) and provide name/address of specialist: _____

Questions 13 and 14 Are For Female Students 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:

1. Over 35 years old and has 2 cardiac risk factors.
3. Over 50 years old and leads a sedentary lifestyle.

2. Over 50 years old and has 1 cardiac risk factor.
4. Any age with a known heart condition.

If the student falls into categories 1 – 4 above please provide a written note stating the date of the stress ECG and the results.

Muscle/Skeletal Injuries/Fractures

Does the applicant currently (or within the past 3 years) have a history of:

17. Knee, hip 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 ROM? ☐ YES ☐ NO 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 level): _____

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 ROM? ☐ YES ☐ NO 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 level): _____

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 level):

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 level):

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

If yes, please describe how the condition affects the patient.

Personal History (Counseling/Psychiatric/Learning Disabilities)

PC requires that any student with a counseling history demanding medication, hospitalization or residential treatment, display one year of stability before they will be accepted for Wilderness Orientation.

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. Has he/she been in treatment or counseling during the last 2 years? ☐ YES ☐ NO

25. Reasons for treatment or counseling?

☐ suicide

☐ ADD/ADHD

☐ substance abuse/chemical dependency

☐ family issues/divorce

☐ learning challenges

☐ eating disorder (anorexia/bulimia)

☐ depression

☐ other

Provide specific dates, details and medications that were prescribed:

26. Name, address and telephone number of therapist?

Name _____ Phone _____

Street Address/City _____ State _____ Zip _____

Allergies

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

Describe:

28. Are there any dietary restrictions? Specify. ☐ YES ☐ NO

☐ vegetarian ☐ vegan other _____

29. Allergic to insect bites or bee stings? ☐ YES ☐ NO

If appropriate please bring 2-3 Epi Pens or Twinjects.

Examiner's specific comments:

30. Any other allergies? ☐ YES ☐ NO

Examiners specific comments:

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

Medications

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

If YES, list:

33. Does this person plan to take any prescription or non-prescription medications on the course? ☐ YES ☐ NO

Wilderness Orientation and other Prescott College courses travel in remote areas where access to medical care may be one or more days away. The student must understand the use of any prescription medications they may be taking. Written specific instructions are necessary. All Students 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.

Medication dosage, side effects/restrictions, prescribed by? For What Conditions?

If medication or condition changes prior to course start, inform Prescott College Admissions Office at (928) 350-2100.

Cold, Heat, Altitude

34. History of frostbite or Raynaud's Syndrome? ☐ YES ☐ NO

35. History of acute mountain sickness, high altitude pulmonary/cerebral edema? ☐ YES ☐ NO

When did the illness occur?

36. History of heat stroke or other heat related illness? ☐ YES ☐ NO

Examiner's specific comments:

Fitness (provide details concerning the students exercise regime)

37. Does the applicant exercise regularly? ☐ YES ☐ NO

Activity _____ Frequency _____

Duration/Distance _____ Intensity Level ☐ Easy ☐ Moderate ☐ Competitive

Activity _____ Frequency _____

Duration/Distance _____ Intensity Level ☐ Easy ☐ Moderate ☐ Competitive

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

Smoking is not recommended on Prescott College courses. It is recommended that applicant quit at least a six weeks prior to coming.

39. Is this person overweight? ☐ YES ☐ NO? or underweight? ☐ YES ☐ NO

If Yes, how much? _____

40. Swimming ability (CHECK ONE): ☐ Non-swimmer ☐ Recreational ☐ Competitive

41. People who are in overall good health with average physical ability can successfully complete Prescott College's field courses.

Does this person meet or exceed these criteria? ☐ YES ☐ NO

Medical Examination

Physical examination data cannot be more than one year old from the starting date of the PRESCOTT COLLEGE course.

Blood Pressure _____ Pulse _____ Last Tetanus Inoculation _____ Height _____ Weight _____

General Appearance, Impressions and Comments (Use additional paper if necessary):

Prescott College recommends a tetanus immunization within 10 years of the start date of the course.

Physician's, F.N.P.'s OR P.A.'s Name _____ Phone _____

Street Address/City _____ State _____ Zip _____

Signature of Physician, F.N.P. OR P.A. _____ Date _____

By my signature I attest that, to the best of my understanding, the information in this form is correct

For Prescott College Use Only

Initial Review ☐ OK Detailed Review ☐ OK Check Further ☐ Reviewer's Initials _____ Date _____