



HONG KONG

CONFIDENTIAL MEDICAL HISTORY RECORD

FOR OFFICE USE ONLY

Follow-up

Seen & Approved

EVERY ITEM MUST BE COMPLETED. MARK "N/A" IF ANY SECTION IS NOT APPLICABLE TO YOU. INCOMPLETE FORMS WILL BE RETURNED TO YOU BEFORE FINAL SCREENING.

PART I: GENERAL INFORMATION (To be completed by applicant)

Your enrolment is confirmed only when we receive all completed forms. This medical form helps us ensure a safer experience for you. If, after reviewing your medical form, we think you should not participate in the course at this time, we will refund all course fees made to Outward Bound. We cannot cover or refund costs of medical examinations or other expenses you incur preparing for a course.

PARTICIPANT INFORMATION:

Name: _____

Course Code: _____

Address _____

Tel. No. _____

Mobile Phone/Pager: _____

Male Female

Age at course start: _____

Birth date: (DD/MM/YY) : _____

EMERGENCY CONTACT:

Person to be notified in case of illness or injury

Name: _____

Address: _____

Tel No. _____

Mobile Phone/Pager _____

Relationship _____

Family Doctor:

Tel No. _____

Address: _____

EACH PARTICIPANT IS RESPONSIBLE FOR ANY MEDICAL EXPENSES, INCLUDING MEDICAL EVACUATION, AND SHOULD BE COVERED BY THEIR OWN MEDICAL AND ACCIDENT INSURANCE.

For our insurance records, answers to the following questions are required to be supplied in detail.

Does the Applicant have private medical insurance coverage? _____

Medical Insurance Name: _____

Medical Insurance Policy No.: _____

Address: _____

TelNo. _____

如欲索取此表格之中文譯本，請聯絡 2792 4333.

PART II: MEDICAL HISTORY

To be completed by Applicant. A Parent/Guardian must also sign this form, if Applicant is under 18 years old.

Name (please print): _____

IMPORTANT: We urge you to be completely thorough in providing Outward Bound with the information requested. Many participants over the years who have had a variety of medical/psychological difficulties have attended and successfully completed courses, but we must be aware of these conditions for your benefit. Failure to disclose such information could result in harm to you and your fellow students.

If you arrive at the course start with a pre-existing condition or injury, which is not indicated on your medical form and you are subsequently forced to leave the course because of this condition, you will be charged an evacuation fee and will not receive a refund of course fee.

IF YOUR ANSWER IS “YES” TO ANY QUESTION BELOW, DESCRIBE DETAILS ON THE RIGHT SIDE OF THE PAGE.

	YES	NO	DETAILS
1. Do you have any current medical problems? [Describe]			
2. Are you taking any medications? [List in detail all Medications & dosages] N.B. If you are taking Medication, please bring an extra week’s supply of the Medication to the school in separate, waterproof, non-breakable containers, along with dosage instructions. Also bring medication for allergies & seizures if indicated.			
3. Does your medication cause any behaviour changes?			
4. Have you had serious childhood illnesses?			
5. Have you had a Tetanus immunisation within the last 10 years?			Date:
6. Have you had any surgeries recently? Give approx. dates/details.			
7. Are you allergic to any of the following? [Please list all allergies and describe nature and severity of reaction.]			
Medications			
Foods			
Insect / Plants			
Others			
What medications are needed to control the reaction?			
8. Do you smoke? If so, how many per day?			
9. Have you had or do you have a substance abuse problem (alcohol, drugs, etc.)? [If so, give details]			
10. Do you have problems with vision/hearing? [Describe]			
11. Do you have motion sickness? [Describe severity]			
12. Do you have high blood pressure? [Describe]			
13. Do you have heart murmurs; episodes of irregular heartbeat; shortness of breath or chest pain on exertion? [If so, describe symptoms.]			Describe:

14. Do you have asthma? If so, has the condition been stable for the past year? *Participants with a history of Asthma should bring 2-set up to date Inhaler with them*			
15. Have you had or do you have ulcers, heartburn, or other intestinal problems? [If so, describe diet requirements.]			
16. Do you require a special diet? [If vegetarian, list what do you not eat.]			
17. Do you have any eating disorders: anorexia, bulimia hypoglycemia? [Describe]			
18. Have you had hepatitis or jaundice? [If so, give date.]			Date:
19. Do you have chronic bladder infections; difficulty with urination; bedwetting or other bladder or kidney problems? [Describe]			
20. Do you have epileptic-seizures? [Describe severity and frequency] List medications and dosages.			
21. Do you suffer from severe headaches, dizziness or fainting? [Identify and describe.]			
22. Have you ever suffered from a notifiable disease?			
23. Do you have problems with your neck, back, arms, ankles or knees that limit your activities?			
24. Do you have bleeding problems			
25. Do you have chronic skin problems (rashes, sun sensitivity, etc)? List medications required for treatment.			
26. Does your health prevent you from participating in any physical activities?			
27. Do you have any communicable diseases? If so, please indicate the nature of the disease.			
28. For females: Are you pregnant? Do you have premenstrual or menstrual problems?			
29. Have you ever seen a counselor or therapist for psychological or emotional reasons?			
If "YES": Are you currently under treatment?			
Have you been under treatment within the last two years? If "YES": Reasons for treatment: <input type="checkbox"/> Family Issues <input type="checkbox"/> Relationships <input type="checkbox"/> Career <input type="checkbox"/> Depression <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Attempted Suicide <input type="checkbox"/> Academic <input type="checkbox"/> Other [describe]			Describe:
Name of therapist so we may contact him / her Name: _____ Phone: _____			
Please provide written permission from your therapist so that we may contact him/her.			

PART III:

BACKGROUND FOR THE DOCTOR

Outward Bound® Hong Kong operates year-round, physically demanding wilderness courses up to 16 days in length in all types of weather. The course may include swimming, running, climbing, hiking, canoeing and sailing expeditions during the summer and winter. Students sleep in tents or under improvised shelters. They will do their own cooking and carry heavy packs. Many programmes include a solo exercise of up to two days for which minimum food is provided. Water activities may include swimming, canoeing and sailing. Outward Bound® Hong Kong will provide suitable equipment and ample meals but may not be able to meet special dietary requirements. Students are expected to refrain from the use of non-prescription drugs, tobacco, alcohol and other stimulants or depressants during the programme.

Any person with normal physical and mental capacity can usually expect to complete an Outward Bound course but preliminary conditioning is strongly advised. Outward Bound® reserves the right to decline any applicant whose physical condition is not suitable for the course. Please describe in detail what you do routinely to maintain fitness (mention activities and frequency):

If you are **over 30 years of age** and any of the following conditions apply to you, we **STRONGLY SUGGEST** that you discuss with your doctor the advisability of taking a stress electrocardiogram. **Please tick the following if applicable:**

- | | | |
|---------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> overweight or obesity | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> smoke one / more packs of cigarettes daily | <input type="checkbox"/> a family history of heart disease | |
| <input type="checkbox"/> long-term sedentary lifestyle | <input type="checkbox"/> previous cardiovascular disease | |

Consent is hereby given for the applicant to attend an OUTWARD BOUND® course and permission is given for any emergency anaesthesia, operation, hospitalisation or other treatment, which might become necessary. I have read the description of OUTWARD BOUND in this Medical Form and I understand that the programme can involve physically and mentally strenuous activity in a remote wilderness area far removed from the facilities of civilization.

The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my participation on an OUTWARD BOUND course. I realize that failure to disclose such information could result in serious harm to myself and my fellow participants and agree to indemnify and hold OUTWARD BOUND harmless if all relevant information is not disclosed.

Applicant's Name: (please print): _____

Applicant's Signature: _____

Signature of Parent/Guardian, if under 18 years old: _____

Date: _____