_____ Year of Graduation

_____ Last Name

MEDICAL FORM
Washington and Lee University Outing Club

NAME: _____ DATE OF BIRTH: ___/___/___
HOME ADDRESS: _____
_____
HOME PHONE NUMBER: (____)_____-_____
HEIGHT: _____ WEIGHT: _____ SEX: ____ AGE ____

TRIP INFORMATION

Washington and Lee Outing Club trips are multi-day wilderness expeditions, operating in remote areas where evacuation to an access road may be 4-5 miles away and modern medical facilities may take hours. Weather conditions can be extreme with temperatures ranging from 0^0 to $+100^0$. Prolonged rain, thunderstorms, wind, intense sunlight, and other environmental conditions are possible.

You will carry equipment on uneven terrain up steep inclines and through other forms of wilderness. While participating in this trip you will sleep outdoors, experience long hard days, will prepare meals, and set up camp. You'll be expected to take good care of yourself in the outdoors.

In the interest of your personal safety and that of other expedition members, please consider the above description carefully when completing this Medical Form. A "Yes" answer does not automatically cancel your enrollment. If we have any questions on your capacity to successfully complete the trip, we will call you and discuss it.

PARTICIPANT: Please circle YES or NO for each item. Each question must be answered.

GENERAL MEDICAL HISTORY

Do you currently have or do you have a history of:

1. Respiratory problems? Asthma?	1. Yes	No
2. Gastrointestinal disturbances?	2. Yes	No
3. Diabetes?	3. Yes	No
4. Hypertension?	4. Yes	No
5. Bleeding or blood disorders?	5. Yes	No
6. Hepatitis or other liver disease?	6. Yes	No
7. Neurological problems? Epilepsy?	7. Yes	No
8. Seizures?	8. Yes	No
9. Dizziness or fainting episodes?	9. Yes	No
10. Treatment or medication for menstrual cramps?	10. Yes	No
11. Disorders of the urinary or reproductive tract?	11. Yes	No
12. Any other health complaint?_____	12. Yes	No
13. Do you see a Medical/Physical specialist of any kind?	13. Yes	No

14. Are you pregnant? 14. Yes No
15. Cardiac problems? 15. Yes No
16. Are you in, or do you have a history of, treatment or counseling with a mental health professional? 16. Yes No

MUSCLE/SKELETAL INJURIES

Do you currently have or do you have a history of:

17. Knee, hip, ankle, shoulder, arm or back injuries (including sprains) and/or operations? (Please explain) 17. Yes No

_____

_____

ALLERGIES/MEDICATIONS

18. Any allergies? Insect bites or bee stings? (Please write below) 18. Yes No

_____

19. Are you allergic to any medications? (Please write below) 19. Yes No

_____

20. Are you currently taking any medications? (Please write below) 20. Yes No

_____

21. History of heat stroke or other heat related illness? 21. Yes No

FITNESS

22. Do you exercise regularly? 22. Yes No
23. Do you smoke? If so how much? 23. Yes No

Please write below any medical information that was not covered above. Feel free to elaborate upon anything mentioned above:

The information provided above is a complete and accurate statement of any physical and psychological conditions which may affect my participation in this trip. I realize that failure to disclose such information could result in serious harm to myself and fellow students. I agree to inform Washington and Lee should there be any change in my health status prior to the start of the trip. On the basis of the background information at the beginning of this form, and what I know or suspect about my physical and psychological health, I am fully capable of participating in this trip. If I am in need of some accommodation, I will contact W & L.

PARTICIPANT′S SIGNATURE:_____ DATE:_____

PARENT OR GUARDIAN SIGNATURE:_____ DATE:_____

INSURANCE
Washington and Lee University Campus Recreation and Outing Club

Washington and Lee University Campus Recreation and Outing Club requires students to provide evidence of some form of health and hospitalization insurance coverage to supplement the medical care provided by the University's student health service. This coverage may be in the form of an individual policy already in effect, inclusion in a family policy, or enrollment in the optional group program of accident and sickness insurance provided specifically for Washington and Lee students.

Please indicate below whether you have coverage under an individual or family policy, or (b) in the group plan offered through Washington and Lee.

I shall have health and hospitalization insurance coverage for the academic year, provided by the following:

(A) Individual of family plan _____
Subscriber's Name _____
Insurance Company _____
Group and Policy Number _____
Address _____
Phone # _____

(B) Washington and Lee group insurance plan
Student's Name_____

Emergency Contact Information:

Name:_____

Relation: _____

home phone: _____

work phone: _____

Secondary Emergency Contact (if necessary):

Name: _____

Relation: _____

home phone: _____

work phone: _____