

**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<sup>0</sup> to +100<sup>0</sup>. 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: \_\_\_\_\_