

**University of Alaska Southeast**  
**Outdoor Education**  
**Medical Information Questionnaire**

We are excited to have as many people as possible participate in our classes. Please note, however, that many of our classes operate in areas far removed from hospitals and sophisticated medical support services. It is extremely important that you realize that in any activity conducted in Alaska's wilderness, help may be days away. Rescue may be difficult and very expensive. What may be a minor injury could result in death in the backcountry.

Consequently, by obtaining pertinent medical information from each participant, we can enhance the program for the participants, and through pre-planning, we can potentially avoid serious medical events.

We would like your help in gathering medical information. Please fill in every blank before participating in any field outing. Your instructor will be happy to address questions you may have about your specific course activities.

All information on this form will remain confidential. It will be viewed by UAS Outdoor Education personnel only. It will then be stored in a locked area.

## Confidential Medical Record

### Part I – Participant Information

Course name, number, semester and year: \_\_\_\_\_

1. Name \_\_\_\_\_

2. Birth date: \_\_\_\_\_ 3. Age at course start: \_\_\_\_\_

4. Height ft. in. \_\_\_\_\_ Weight lbs. \_\_\_\_\_

5. Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

6. Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. In case of emergency contact \_\_\_\_\_

(phone number) \_\_\_\_\_

(relationship) \_\_\_\_\_

8. Are you covered by any hospitalization/medical care policy?      Yes      No

8. Insurance company name \_\_\_\_\_

Policy number \_\_\_\_\_

## Part I – Participant Information

**A. Allergies** (including medicines, foods, bites/stings, etc.)

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**B. Medications** (list any and all medications you are using, including over-the-counter medications. Identify the medication name and dosage, what it is for, and how often you take it.)

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**C. Hospitalizations, Emergency Room and/or Medical Center Visits**  
(list all visits in the last two years, the date, and the treatment you received.)

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**D. Current Exercise Activity**

Activity: \_\_\_\_\_ Frequency: \_\_\_\_\_ Intensity: low/moderate/high

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## Verification of Accuracy and Understanding

### Signature Required

This acknowledges that the named student has filled out the medical information form completely and, to the best of his/her knowledge, all the medical information on this questionnaire is accurate. Failure to disclose and consequently take precautions for such information could potentially result in serious harm to your and/or your fellow participants.

Many participants with a variety of medical conditions have enjoyed University of Alaska Southeast Outdoor Education courses. By providing information about your medical history, you can help enhance the overall success of your course.

You must be aware that many classes operate in areas far removed from hospitals and sophisticated medical-support services. If you start the course with a pre-existing condition or injury that is not indicated on your medical form, and you are subsequently forced to leave the program because of that condition, you will be held responsible for all evacuation fees and will receive no refund for the course.

The medical questionnaire will be reviewed by University of Alaska Southeast Outdoor Education personnel only.

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Applicant's Name (printed)

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Applicant's Signature

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Date

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Parent/Guardian (if applicant is under legal age)

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Date