Odyssey Wilderness Programs, Inc.
1106 Harris Ave., Suite 201
Bellingham, WA 98225

PHYSICAL EXAMINATION FORM

Parent or Guardian—Please have this form completed by a Primary Care Physician. This form is valid for submission to Odyssey Wilderness Programs up to one year after date of completion.

Odyssey Wilderness Programs Information for the Medical Professional
Odyssey Wilderness Program (OWP) courses vary in length from 28 to 56 days. Odyssey Northwest (NW) courses involve a combination of coastal backpacking and longboat sailing. Odyssey Southwest (SW) courses involve desert hiking and rock climbing. Weather conditions can be moderately inclement with average temperatures ranging from 35 to 80 degrees Fahrenheit. Prolonged storms, precipitation, high winds, intense sunlight, sudden immersion in cold water, and/or high seas are possible conditions a participant may experience.

Physical demands on the applicant may include carrying a backpack weighing between 25-55 pounds over uneven terrain such as sand, rocks, boulders, wet logs, or slippery surfaces, as well as ascending and descending steep embankments. Elevations for backpacking expeditions range from sea level to approximately 6,000 feet.

Physical demands of longboat sailing expeditions require rowing loaded boats for extended periods of time and hauling course equipment between the longboat and the shore each day. Physical demands of rock climbing expeditions require climbing up or scaling natural rock formations and providing a belay to other program participants.

While participating in an OWP course, students will sleep outdoors, set up their own camp, prepare their own meals, and participate in long, physically demanding days. Each student is expected to take good care of his or her physical wellbeing and to learn appropriate techniques for maintaining personal hygiene while living outdoors.

OWP provides potable water or disinfects all drinking and cooking water with water filtration, iodine, or by boiling.

Prior physical conditioning is beneficial, but not necessary, to the applicant, as OWP courses are designed to accommodate unfit participants.

PART I – MEDICAL HISTORY

Physician, F.N.P., or P.A., please check "Yes" or "No" for each item. Each question must be answered.
Please provide the date and details of the occurrence for items marked "Yes" in the space provided below.

Does the applicant currently have or have a history of:
General Medical History

1. Respiratory problems? Asthma?	☐ Yes ☐ No
2. Gastrointestinal disturbances?	☐ Yes ☐ No
3. Diabetes?	☐ Yes ☐ No
4. Bleeding, deep vein thrombosis, or blood disorders?	☐ Yes ☐ No
5. Hepatitis or other liver disease?	☐ Yes ☐ No
6. Neurological problems? Epilepsy?	☐ Yes ☐ No
7. Seizures?	☐ Yes ☐ No
8. Dizziness or fainting episodes?	☐ Yes ☐ No
9. Migraines?	☐ Yes ☐ No
10. Disorders of the urinary or reproductive tract?	☐ Yes ☐ No
11. Cardiac problems? Chest pain?	☐ Yes ☐ No
12. Hypertension?	☐ Yes ☐ No
13. Does this person see a medical or physical specialist of any kind?	☐ Yes ☐ No

Injury/Surgery History

14. Current or past history of muscular/skeletal/joint injuries/fractures/sprains? ☐ Yes ☐ No
15. Previous surgery? ☐ Yes ☐ No
16. Head injury? Concussion? Loss of consciousness? ☐ Yes ☐ No
17. Limitations due to previous injury or surgery? ☐ Yes ☐ No
18. Arthritis or other joint problems? ☐ Yes ☐ No

Allergies

19. Allergies to any foods? ☐ Yes ☐ No
20. Allergies to any insect bites or bee stings? ☐ Yes ☐ No
21. Any other allergies? ☐ Yes ☐ No
22. Water may be disinfected with iodine. Is iodine contraindicated? ☐ Yes ☐ No

Medications

23. Allergies to any medications? ☐ Yes ☐ No
24. Does the applicant wear prescription contact lenses or glasses? ☐ Yes ☐ No
25. Does the applicant plan to take any prescription or non-prescription medications on course? ☐ Yes ☐ No

If yes, please complete the table below:

Medication:	Dose:	Time of Administration:	Frequency:
Medication:	Dose:	Time of Administration:	Frequency:
Medication:	Dose:	Time of Administration:	Frequency:

Cold, Heat, Altitude

26. History of frostbite or Raynaud's Syndrome? ☐ Yes ☐ No
27. History of heat stroke or other related illness? ☐ Yes ☐ No

Fitness

28. Does this person exercise regularly? ☐ Yes ☐ No

If yes, please complete the table below:

Activity:	Duration:	Intensity Level:	Frequency:
Activity:	Duration:	Intensity Level:	Frequency:

29. Current or past history of being over or underweight? ☐ Yes ☐ No
30. Does the applicant smoke? ☐ Yes ☐ No

If yes, how often (check one) ☐ Occasionally ☐ Daily ☐ Multiple Daily

31. Can the applicant swim? ☐ Yes ☐ No

If yes, how well (check one) ☐ Treads Water ☐ Recreationally Swims ☐ Competitive Swimmer

Female Applicants Only

32. History of irregular menstrual periods? ☐ Yes ☐ No
33. Current or previous treatment for menstrual cramps? ☐ Yes ☐ No
34. Previous pregnancy or abortion? ☐ Yes ☐ No
35. Has the patient had sexual intercourse within the last year? ☐ Yes ☐ No

If yes, please have the patient complete a pregnancy test.

36. Is she currently pregnant? ☐ Yes ☐ No

Please complete the table below for all questions marked "Yes":

Item #	Date of Occurrence(s)	Details

PART II – PHYSICAL EXAMINATION
Physical examination is required for student to participate in Odyssey Wilderness Programs and is good for up to one year after date of completion.

STUDENT NAME: _____ HEIGHT: _____ WEIGHT: _____
SEX: _____ AGE: _____ DOB: _____ BP: _____
*Tanner Stage or Maturation Index: (males only) _____
*Percent Body Fat: _____ *Audiogram _____
*Vision:
Corrected (L) _____ (R) _____ (Both) _____
Uncorrected (L) _____ (R) _____ (Both) _____
*Pulse:
(rest) _____ (Exercise) _____ (Recovery) _____
*FEV or Peak Flow:
(rest) _____ (Exercise) _____ (Recovery) _____

	N	ABNORMAL		N	ABNORMAL
Eyes			Abdomen		
Ears			Cervical Spine/Neck		
Nose			Back		
Throat			Shoulders		
Teeth			Arm/Elbow/Wrist/Hand		
Skin			Knees/Hips		
Lymphatic			Ankle/Feet		
Lungs			Marfan Screen		
Heart			*Urine		
Peripheral Pulses			*Hemoglobin/HCT/Iron Stores		

***WHEN MEDICALLY INDICATED**
(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations.)

I have acquired the medical history and completed the physical examination above and make the following recommendations for the applicant's participation in Odyssey Wilderness Programs:

☐ **CLEARED WITHOUT RESTRICTIONS**
☐ Cleared **AFTER** further evaluation or treatment for: _____
☐ Cleared for **LIMITED PARTICIPATION** (check and explain "reason" for all that apply):
  ☐ Not cleared for (specific activities) _____
  ☐ Cleared only for (specific activities) _____
  Reason(s): _____
☐ **NOT CLEARED FOR PARTICIPATION**
  Reason(s): _____
☐ Other Recommendations: _____
  ☐ Recommend close monitoring during program activities because of weight/fitness/other
  ☐ Other _____
  Reason(s): _____

_____ _____
Physician Signature (MD, DO, LNP, PA) Date of Examination

_____ _____
Printed Name and Degree of Examiner Phone Number

_____ _____ _____ _____
Address City State Zip