MEDICAL INFORMATION FORM

Cornell Outdoor Education, 607-255-6183 ◆ Outdoor Odyssey, 607-255-4168
Phillips Outdoor Program Center, B01 Bartels Hall, Campus Road, Ithaca, NY 14853
www.coe.cornell.edu

This medical form provides us with information required for course safety and emergency situations. By requesting this medical history, we do not imply that we have the expertise to assess your physical condition, or your ability to participate safely in a course/trip. ***This determination of ability to participate must be made by the participant in concert with his/her physician.*** COE/OO courses demand strenuous exercise. In one day for example: hiking trips may require a participant to hike 4 - 8 miles with a backpack weighing up to 50 pounds, and water trips may require a participant to paddle a canoe 10 miles and carry it up to 1 mile. Elements at the ropes course may require a rigorous level of physical exertion. Participants may live and travel for the length of their course in a wilderness setting. Your trip may include exposure to inclement weather as well as a variety of other hazards associated with being outdoors. Although safety is our first priority and we are trained to provide first aid in case of incident, ***your participation in this COE/OO activity indicates your acknowledgement and the assumption of inherent risk associated with being far from professional medical facilities.*** If you have any questions please call, or see our website for further details.

Part One: Personal Information

Name_____ Course & Section or Trip #_____
Address_____
State & Zip_____ Phone_____
Age_____ M_____ F_____ Height_____ft._____in. Weight_____

Insurance Carrier and Policy Number_____

Person(s) to contact in case of an emergency:

Name_____	Name_____
Relationship to participant_____	Relationship to participant_____
Phone (H)_____ (W)_____	Phone (H)_____ (W)_____
Address_____	Address_____
_____	_____

Part Two: Specific Medical History

A. Primary Cardiac Factors:

Do you currently have OR do you have any history of the following:

1. Heart attack or heart disease	___Yes ___ No
2. Heart palpitations or heart murmur	___Yes ___ No
3. Chest pain or pressure	___Yes ___ No
4. Stroke	___Yes ___ No
5. High blood pressure	___Yes ___ No
Currently taking medication for high blood pressure?	___Yes ___ No

If you answered "Yes" to any of the questions above, please provide additional information below and discuss with your physician.

_____
_____
_____

B. Additional Cardiac& Medical Factors:

Do you currently have OR do you have any history of the following:

1. Respiratory problems? Asthma? Smoker?	___Yes ___ No
2. Neurological problems?	___Yes ___ No
3. Family history of cardiac disease?	___Yes ___ No
4. Diabetes? (check one:_____insulin _____non-insulin dependent)	___Yes ___ No
5. Seizures?	___Yes ___ No
6. Bleeding or blood disorders?	___Yes ___ No
7. Dizziness or fainting episodes?	___Yes ___ No

Continued…

8. Other diseases or recent illnesses?	___Yes ___ No
9. Allergies (food, insects, stings, medications, etc.)?	___Yes ___ No
10. Past injuries/surgery/joint problems?	___Yes ___ No
11. Do you wear glasses?	___Yes ___ No
12. Do you wear contact lenses? (If yes, hard or soft?_____)	___Yes ___ No
13. Any dietary considerations?	___Yes ___ No
14. Are you on any current medications?	___Yes ___ No
15. Obesity or sedentary lifestyle (little or no exercise on a regular basis)?	___Yes ___ No

If you answered "Yes" to any of the questions above, please describe below and discuss with your physician. Is there any medical condition you have that you would like us to be aware of in case of an emergency? If you have an allergy, please describe the type, appearance, and severity of your reaction.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Important Notes: 1. If you will be carrying prescription medication you are advised to consult with your physician regarding secondary dosage in the event of possible loss or water contamination. 2. If you have ever had a systemic reaction to an insect sting, we recommend you consult your physician about carrying a personal Ana-kit or Epi-Pen. Even with no prior history it is possible for a person, for a variety of reasons, to develop a life-threatening systemic reaction. Because our activities are often far from professional medical care, we advise everyone to consult with their physician regarding a prescription for these kits.

Part Three: Swimming Assessment

Many COE/Outdoor Odyssey courses involve activities in a water environment, which require basic swimming skills. We ask that participants self-assess their own comfort level in and around the water. We recommend that you do not register for a course involving water activities if you are a non-swimmer. Please rate your swimming ability below:

- ❑ Non-swimmer
- ❑ Recreational swimmer
- ❑ Competitive swimmer

Part Four: Signature

I have reviewed this entire medical form and have verified that all information is given fully and truthfully. To the best of my knowledge, I am capable of safely participating in a COE/OO course. In the event of an emergency, permission is given for any anesthesia and/or surgery at a medical facility that may become necessary for my immediate well being.

_____	_____	_____
Participant's Signature	Participant's Name *(printed clearly)*	Date
_____	_____	_____
Parent/Legal Guardian Signature *(if participant is under 18 years old)*	Parent/Legal Guardian Name *(printed clearly)*	Date