

NORTHWEST COLLEGE

HOPE DEPARTMENT

Medical Information

Answers to the following questions must be complete.

Please print or type all information clearly.

This medical form is intended to provide the Northwest College (NWC) course instructor, college, and other medical personnel of any condition that may affect your participation in the activity/course/program/trip/class, or information needed in the assessment and treatment of medical or physical injury. As a participant, it is your responsibility to truthfully complete this medical form, and inform your instructor of any pre-existing medical or physical limitation, medications taken, or other pertinent information.

Course/Event Title: _____ Date(s) of course/event: _____

Your Full Name: _____ Home Phone: _____

Phone while in School: _____ Sex: [] Male [] Female Age: ____ Birth Date: _____

Person to Contact in Case of Emergency: _____

Phone: _____ Address: _____

I. GENERAL MEDICAL HISTORY

- | | | |
|--|-----|----|
| 1. Respiratory problems? Asthma? | YES | NO |
| 2. Gastrointestinal disturbances? | YES | NO |
| 3. Diabetes? | YES | NO |
| 4. Bleeding or blood disorders? | YES | NO |
| 5. Neurological problems? Epilepsy? | YES | NO |
| 6. Seizures? | YES | NO |
| 7. Past injury/surgery/joint problems? | YES | NO |
| 8. Any dietary considerations? | YES | NO |
| 9. Other disease or recent illnesses? | YES | NO |

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, EXPLAIN IN THE SPACE BELOW.

**If you answered yes to any question, you are advised to consult your physician before taking part in the activity or class.

II. ALLERGIES: None Known (circle if applicable) YES (Circle if applicable)

Medications: _____

Food: _____

Other: _____

III. MEDICATIONS (list all medications you are currently taking and the reason)

IV. MUSCLE/SKELETAL INJURIES

Do you currently have, or do you have a history of: YES NO
10. Knee, hip, ankle, shoulder, arm, or back injuries (including sprains) and/or operations?
(Please explain) _____

V. CARDIAC SCREENING

11. Chronic or unexplained chest pain? YES NO
12. Family history of heart disease? YES NO
13. High blood pressure? YES NO
14. Current/prior cardiovascular disease? YES NO
15. Smoke? ____ packs per day? YES NO

VI. ADDITIONAL INFORMATION (please include any special needs, issues or concerns that we need to know about you such as pertinent medications like asthma inhaler, epi pen, etc.)

VII. 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 an activity/course/program/trip/class, referred to from here on as “course”. ***This determination of ability to participate must be made by the participant in concert with his/her physician.*** NWC “courses” demand sometimes strenuous exercise. Although safety is our first priority and we are trained to provide first aid in case of incident, ***your participation in this NWC “course” indicates your acknowledgement and the assumption of inherent risk associated with potentially being far from professional medical facilities.*** If you have any questions, please contact the Course Instructor, Outdoor Education Program Director, or Health, Outdoor, and Physical Education Program Coordinator for further details.

VIII. Consent is hereby given to attend an NWC “course” and permission given for emergency transportation, anesthesia, operation, hospitalization, or other treatment which might become necessary. The information provided above is a complete and accurate statement of the physical factors which may affect my/my child’s participation in an NWC activity/course/program/trip/class. I realize that failure to disclose such information could result in harm to myself and my fellow participants, and I agree to indemnify and hold harmless Northwest College and its assigns if all relevant information is not disclosed. I also agree to notify Northwest College should there be a change in my health prior to the “course”. Emergency transportation and treatment shall be the participants/guardians responsibility for payment. The NWC Instructor, Facilitator, Outdoor Education Program Director, or other NWC College Employee associated with the “course”, has the right to stop or refuse your participation in the “course” if they feel it is a safety concern to yourself or your group members.

Participant Signature

Date

Signature of parent/guardian for minor
(under 18 years old)

Date