

UMass Lowell Outdoor Adventure
Health and Medical Form

- Please complete this form in its entirety. It aids in identifying participants who might have special needs and therefore need extra safety precautions. It also provides important medical information in the event any treatment is required.
- The information on this form is confidential.
- Please attach additional pages if necessary

General Information:

Full Name: _____ Male _____ Female _____
 Student _____ Faculty _____ Staff _____ CRC Member _____ Non-University _____
 Permanent Address: _____
 City: _____ State: _____ Zip Code: _____
 Local Telephone #: _____ E-mail: _____
 Date of Birth: _____ Height: _____ Weight: _____
 Shoe Size: _____ Do you wear eye glasses/contacts? _____ What Rx or Strength? _____ R _____ L
 Can you swim? _____
 Are you currently certified in (check all that apply):
 CPR ___ First-Aid ___ First Responder ___ EMT ___ Other _____

Emergency Contact: _____ Telephone #: _____
 Relationship _____
 Medical Insurance Co. _____ Policy#: _____
 Physician's Name: _____ Telephone#: _____

Medical Information:

Allergies (Including medicines, foods, bites, stings).

_____ NONE (initial here if you have none)

<i>Allergy</i>	<i>Reactions (what happened)</i>	<i>Medication Required</i>

Medication

_____ NONE (initial here if you have none)

<i>Medication</i>	<i>Condition</i>	<i>Dosage (amt./frequency)</i>	<i>Side Effects</i>

Health History (please describe in area provided if checked yes)

Yes	No		Yes	No	
___	___	1. Pregnant	___	___	8. Other medical issues
___	___	2. Require medical equipment	___	___	illness/symptoms needs
___	___	3. Seizure within past year	___	___	9. Do you have diabetes,
___	___	4. Hospitalization/emergency	___	___	NIDDM or IDDM?
		Room visit within past year	___	___	10. Do you have elevated
___	___	5. Surgeries within past year			blood cholesterol or triglycerides
___	___	6. Neck/back/shoulder/knee	___	___	11. Do you smoke?
		ankle problems	___	___	12. Do you consume more than
___	___	7. History of heart attack or			one alcoholic beverage per day?
		other heart problems			

If you answer yes to any question in the Health Profile section, please provide a detailed description including symptoms and restrictions.

Fitness Level

Be advised that OA programs involve physical exertion but nothing out of the average person's physical capabilities. To prepare yourself for the activity, it is recommended that you do some aerobic activity like biking, walking/hiking, or jogging for about 20-30 minutes per day at least 3 times per week. If time before the program permits, increase your exercise level incrementally over a two to three month period.

Please describe current exercise activities including frequency and intensity

Parental Consent (To be completed by parents or guardians of students under the age of 18)

The laws of Massachusetts require that surgical and medical treatment of minors and release of medical information to hospitals, other physicians, and insurance companies about conditions treated by us be at the request of and with the approval of their parents. This right to request and approval may be delegated to College officials. Although it is our policy to notify the parents as soon as possible in the event of major illness or injury, it is impractical to notify for every minor illness or injury requiring treatment. It will help us protect the health of your child if you will delegate to us discretion in these matters.

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my child and agree to present information concerning their medical condition to other responsible authorities when deemed desirable. No major operations will be performed, except in extreme emergency, without parents being fully informed.

Signature of Parent or Legal Guardian _____ Date _____
Signature of Student _____ Date _____

Please return this form as soon as possible to allow time for review. It is possible that further medical evaluation is needed to approve your participation in some OA activities.