

# STUDENT HEALTH & SAFETY REPORT – **CONFIDENTIAL**

## PART I – STUDENT HEALTH HISTORY

### INSTRUCTIONS TO THE STUDENT:

Participation in the WWU Environmental Science Field Camp requires a medical evaluation. Before seeing a medical provider, please complete and sign Part I (Student Health History). Bring the entire Student Health and Safety Report to your primary care provider or to a provider at the WWU Student Health Center. The examining provider will complete PART II and III during your medical evaluation.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

BIRTH DATE MM/DD/YY \_\_\_\_/\_\_\_\_/\_\_\_\_

WWU STUDENT NUMBER: W \_\_\_\_\_

FIELD COURSE NAME \_\_\_\_ ESCI Field Camp \_\_\_\_\_

QUARTER AND YEAR \_\_\_\_\_

### **IMPORTANT - PLEASE READ:**

*Field course work is not for the faint-hearted. Your physical and mental health will be challenged every day. You will spend a number of days in remote outdoor locations in the Western US. The pressures of living and studying in this environment can be considerable. It is extremely important that you are able to handle exposure to:*

- *Hazardous and demanding conditions - including weather and terrain; conditions range from cold (20° - 40° F) to warm (80° - 90° F) depending upon the location*
- *Climbing and hiking for long periods of time while carrying a heavy (20 to 50 lbs.) pack; daily hikes of 3-10 miles, with changes of elevation of 1000 feet or more, are typical*
- *Strenuous activity and physical exertion;*
- *Immersion in cold water;*
- *Substantial changes in diet and living conditions;*
- *Limited availability of immediate medical assistance;*
- *Exposure to wildlife; and*
- *In general, the demands of living in a very challenging physical environment.*

*You will camp in tents for the duration of the course, which offers few amenities, little comfort and little privacy. You will need tact and sensitivity when dealing with other participants. You also need the emotional maturity to make good decisions and use good judgment while living and studying alone at times with your peers. You will be asked to leave for any physical or emotional condition that substantially impairs your or others participation or safety during the course.*

*With that in mind, please consult with faculty who will be teaching the field course if you have concerns about your ability to meet these challenges before continuing with the Field Course Health & Safety Report.*

## PART I. STUDENT HEALTH HISTORY

My general health is:  Excellent  Good  Fair  Poor

### Medical history:

Please check any recent or continuing health problems and explain your answers below. If your health problem is not listed, please write it in below. Circle any boxes you don't know the answers to.

- |  |  |
|--|--|
| <input type="checkbox"/> Dizziness, nausea, or vertigo                             | <input type="checkbox"/> Episodes of depression, emotional difficulties, anxiety, or panic attacks |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Physical challenges or handicaps  |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Difficulty adjusting to high altitude                                     |
| <input type="checkbox"/> Shortness of breath or asthma                             | <input type="checkbox"/> Headaches   |
| <input type="checkbox"/> High blood pressure                                       | <input type="checkbox"/> Epilepsy  |
| <input type="checkbox"/> Knee, ankle, elbow, or other joint problems               | <input type="checkbox"/> Ulcer/colitis   |
| <input type="checkbox"/> Hospitalizations, injury, or illness                      | <input type="checkbox"/> Hepatitis/gall bladder disease  |
| <input type="checkbox"/> Broken bones, sprains, or dislocations                    | <input type="checkbox"/> Bladder/kidney problems   |
| <input type="checkbox"/> Bleeding disorders, hemophilia, anemia                    | <input type="checkbox"/> Cancer/tumors   |
| <input type="checkbox"/> Severe menstrual cramps                                   | <input type="checkbox"/> Thyroid problems  |
| <input type="checkbox"/> Claustrophobia or acrophobia                              | <input type="checkbox"/> Recurrent or chronic infectious diseases                                  |
| <input type="checkbox"/> Chronic back, neck, arm, or leg pains                     | <input type="checkbox"/> Tuberculosis (TB)   |
| <input type="checkbox"/> Heart disorders, murmurs, palpitations or irregular beats | <input type="checkbox"/> HIV/ AIDS   |
| <input type="checkbox"/> Drug or alcohol abuse                                     | <input type="checkbox"/> Surgery   |
|  | <input type="checkbox"/> Dehydration or heat intolerance   |

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Are you currently under the care of a health care professional for ANY **medical condition**?  Yes  No

If you checked yes, please provide your provider's information below. If you are also seeing other health professionals, please include this information on another page.

Name and Title: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ / \_\_\_\_\_

For what condition(s): \_\_\_\_\_

Have you seen by a physician, psychiatrist, psychologist, counselor, or therapist for ANY **mental health condition** within the past 5 years?  Yes  No

*If you checked yes, please provide your provider's information below. If you are also seeing other mental health professionals, please include this information on another page.*

Name and Title: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ / \_\_\_\_\_

For what condition(s): \_\_\_\_\_

**Medications:**

*Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking. Make sure to provide the name, dose, how you are taking it, and what you are taking it for.*

None

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**Allergies:**

*Do you have any allergies? If yes, please identify specific allergy below. Please include any medicines, foods, pollens, stinging insects, dust/smoke below. Make sure to provide the allergic reaction you have which each substance.*

None

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**Medical Devices:**

- None
- Contact lenses or  Corrective lenses (eyeglasses) or  Both
- Hearing aid  Right  Left
- Prosthetic joints or other devices (give details)
- Insulin Pump
- Other (give details) \_\_\_\_\_

**Physical or learning disabilities:**

- None  Yes (give details) \_\_\_\_\_

**Diet:**

- Regular or  Vegetarian/Vegan
- Restricted (give details) \_\_\_\_\_

**Habits:**

- Tobacco Use -  Former or  Current - What form? \_\_\_\_\_ Amount per week \_\_\_\_\_
- Marijuana Use -  Former or  Current - What form? \_\_\_\_\_ Amount per week \_\_\_\_\_
- Alcoholic beverages - What form? \_\_\_\_\_ Amount per week \_\_\_\_\_
- Coffee/Caffeinated beverages- What form? \_\_\_\_\_ Amount per week \_\_\_\_\_

**Exercise/Activities:**

- None  Yes (give details) \_\_\_\_\_

**Vaccination status: 1) Tetanus Vaccine:**  Yes (date) \_\_\_\_\_  No

**2) Measles Vaccine:**  Yes (dates) \_\_\_\_\_  No **OR**

**Measles Titer (blood test for immunity):**  Yes (date) \_\_\_\_\_  No

*(If you submitted this information to the Student Health Center, you can find it on your MyWesternHealth portal)*

**STATEMENT:** The answers I have given are correct and true to the best of my knowledge. I understand that failure to provide complete and accurate information may be grounds for non-participation in the field course. I further understand that failure to disclose health care problems may also lead to serious health consequences, including death while studying in the field.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION:** I authorize the release of information in this report to WWU Environmental Sciences Department and its leaders and coordinators of ESCI Field Camp, including any information regarding TB, HIV/ AIDS, sexually transmitted diseases, mental illness, substance abuse and/or any other health information that may be protected under HIPAA, FERPA or similar laws regarding personal health information confidentiality.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## **PART II – PHYSICIAN EVALUATION**

### **INSTRUCTIONS TO THE PHYSICIAN:**

*You are requested to evaluate the physical and mental health of a student planning to participate in a field course. Participants spend a number of days in remote outdoor locations in the Western US. The pressures of living and studying in this environment can be considerable. It is extremely important that participants be able to handle exposure to:*

- *Living and studying for at least six weeks in remote, wilderness locations;*
- *Hazardous and demanding conditions - including weather and terrain; conditions range from cold (20° - 40° F) to warm (80° - 90° F) depending upon the location*
- *Climbing and hiking for long periods of time while carrying a heavy (20 to 50 lbs.) pack; daily hikes of 3-10 miles, with changes of elevation of 1000 feet or more, are typical*
- *Strenuous activity and physical exertion;*
- *Immersion in cold water;*
- *Substantial changes in diet and living conditions;*
- *Limited availability of immediate medical assistance;*
- *Exposure to wildlife;*
- *Safety equipment failures;*
- *Camping in tents with few amenities, little comfort and little privacy; and*
- *In general, the demands of living in a very challenging physical environment.*

*Students will be living in very close quarters with other field course participants and under stressful conditions. They need tact and sensitivity when dealing with other participants. They also need the emotional maturity to make good decisions and use good judgment while living and studying alone at times with their peers. A student will be asked to leave for any physical or emotional condition that substantially impairs their participation in the course.*

*Information regarding the student's current health is invaluable to WWU Environmental Sciences Department's faculty and staff in anticipating and responding to any potential health problems which may arise during the student's participation. Your insight will be very helpful.*

*It is essential that your assessment be based on a current (within the last 12 months) and thorough physical examination and knowledge of the student's medical and mental history.*

*NOTE: It is our position not to accept reports completed by parent-physicians.*

**Thank you for your cooperation.**

## PART II – PHYSICIAN EVALUATION

EXAMINATION										
Height	Weight									
BP	/	(	/	)	Pulse	Vision R	Vision L	Corrected	<input type="checkbox"/> Y	<input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS								
Appearance										
Eyes/ears/nose/throat										
Lymph nodes										
Heart										
Pulses										
Lungs										
Abdomen										
Genitourinary (males only)										
Skin										
Neurologic										
Musculoskeletal										

**Other Key Questions to Address:**

- 1) Is the student significantly underweight or overweight?
- 2) Has the student any physical disability that might cause hardship through strenuous physical exercise, carrying heavy loads, or change of diet?
- 3) Is the student currently under treatment for any physical or emotional health, or chemical dependency diagnosis?
- 4) Are there any predisposing medical, surgical, or emotional factors which may, under stress or duress during the program, present a need for immediate therapy or treatment while living and studying in a remote, outdoor environment for a long period of time?
- 5) Is there any history of mental health diagnosis such as mood disorders, anxiety disorder, eating disorder or other that may impact the student’s adjustment to living and studying in a remote, outdoor environment?

### PART III – PHYSICIAN ASSESSMENT/CLEARANCE

**CLEARED**

Student is cleared for all field course participation without restriction

**CONDITIONAL CLEARANCE**

Student is cleared without restriction with recommendations for further evaluation by Western’s Disability Outreach Center for possible disability accommodations that may assist the student during the field course.

**NOT CLEARED**

There are medical or psychiatric contraindications to participation. Student is **NOT** cleared for participation in the field course.

Reason: \_\_\_\_\_

Recommendations:

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

I have examined the above-named student and completed the field course preparticipation physical evaluation. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student.

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address/Phone \_\_\_\_\_

Signature of physician, ARNP or PA \_\_\_\_\_

**EMERGENCY INFORMATION**

*Please provide any emergency information obtained during the physician evaluation that will assist field course staff.*

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

Physician can give back to student or they can fax, email to: John McLaughlin, email: [jmcl@wwu.edu](mailto:jmcl@wwu.edu) fax: 360-650-7284

**Please submit the completed Student Health and Safety Report (Parts I, II and III) to:**

John McLaughlin, email: [jmcl@wwu.edu](mailto:jmcl@wwu.edu) fax: 360-650-7284

**Paper copy may be submitted to: Environmental Sciences department office, ES 522, in a sealed envelope marked “Confidential – ESCI Field Camp”**

REVIEWED BY:

Name of faculty/staff (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Departmental Signature \_\_\_\_\_