LAKE CHAMPLAIN MARITIME MUSEUM

Teen Expeditions
Physical Examination Form

(Please type or print legibly)

Name of Participant_____

Daytime Phone: (_____)_____Evening Phone (____) _____

Height:_____ Weight _____ Sex: _____ Age: _____

Physician must read and fill out pages 1- 4

Physical examination data cannot be more than a year old from the starting date of the Champlain Discovery course. Tetanus shot must be current.

1. Blood Pressure: _____ Pulse: _____ Last Tetanus inoculation: _____

TETANUS IMMUNIZATION WITHIN 10 YEARS OF THE START DATE OF THE PROGRAM IS REQUIRED

2. Teen Expeditions at Lake Champlain Maritime Museum are physically demanding programs. Participants spend multiple days (8 to 10 days depending on the expedition) living outdoors and some days paddling, rowing, or sailing as many as eighteen miles over Lake Champlain. It is important for us to know if the participant has any physical or emotional condition that would hinder this experience. On the basis of this information and your examination, do you feel that this individual can participate in a teen expedition?

The Health Care Professional must check:

_____*YES, I think this person can participate*

_____*NO, this person should not participate at this time for the reasons explained below*.

3. General impressions and comments: _____
_____
_____

Health Care Professional's Name _____
Phone: (___)_____

Address: _____

Physician, FNP or PA Signature: _____Date_____

4472 Basin Harbor Road, Vergennes, VT, 05491 • www.lcmm.org • 802-475-2022

LAKE CHAMPLAIN MARITIME MUSEUM

Teen Expeditions
Medical Form

Name of Expedition Participant _____

PHYSICIAN, FNP or PA, please circle YES or NO for each item. Each question must be answered.

GENERAL MEDICAL HISTORY
Does the applicant currently have or does he/she have a history of:

1. Respiratory problems? Asthma? 1. YES NO
2. Gastrointestinal disturbances? 2. YES NO
3. Diabetes? 3. YES NO

Examiner's specific comments:_____
_____

4. Hypertension? 4. YES NO
5. Bleeding or blood disorders? 5. YES NO
6. Hepatitis or other liver disease? 6. YES NO

Examiner's specific comments: _____
_____

7. Neurological problem? 7. YES NO
8. Seizures? Epilepsy? 8. YES NO
9. Dizziness or fainting episodes? 9. YES NO

Examiner's specific comments _____
_____

10. Cardiac problems? 10. YES NO

Examiner's specific comments: _____
_____

11. Treatment or medication for menstrual cramps? 11. YES NO
12. Disorders of the urinary or reproductive tract? 12. YES NO
13. Any other disease? 13. YES NO

Examiner's specific comments _____
_____

4472 Basin Harbor Road, Vergennes, VT, 05491 • www.lcmm.org • 802-475-2022

Name of Expedition Participant _____

14. Does this person see a Medical or Physical specialist of any kind? 14. YES NO
Name/address _____
_____

15. Is she pregnant? 15. YES NO

Examiner's specific comments _____
_____

MUSCULAR/SKELETAL INJURIES
Does the applicant currently have or does he/she have a history of:

16. Knee, hip or ankle injuries (including sprains) and/or operation? 16. YES NO
17. Shoulder, arm or back injuries (including sprains) and/or operations? 17. YES NO
18 Head injury? 18. YES NO
19. Any other joint problems? 19. YES NO

Examiner's specific comments (include date of last occurrence and the effect of the problem on current activity level): _____
_____
_____

PERSONAL HISTORY (COUNSELING/PSYCHIATRIC)

20. Has he/she had treatment or counseling with a mental health professional? 20. YES N0
21. Is he/she currently in treatment or counseling? 21. YES NO
If yes, please arrange for the release of information from your therapist or counselor
22. Name and address of therapist or counselor _____
23. Does he/she have, or have a history of substance abuse problems? 22. YES NO
24. Hospitalization within the past year? 23. YES NO
25. Reasons for treatment or counseling?

_____ suicide gesture _____academic/career
_____ substance abuse/chemical dependency _____ Family issues/divorce
_____ eating disorder (anorexia/bulimia) _____ learning disability
_____ other

Examiner's specific comments _____
_____

4472 Basin Harbor Road, Vergennes, VT, 05491 • www.lcmm.org • 802-475-2022

LAKE CHAMPLAIN MARITIME MUSEUM

Teen Expeditions
Medical Form

Name of Expedition Participant _____

ALLERGIES

26. Any allergies? _____ 26. YES NO
27. Champlain Discovery disinfects water with iodine. Is iodine contraindicated for this person? 27. YES NO
28. Is he/she allergic to any foods? Are there any dietary restrictions? Vegetarian? _____ 28. YES NO
29. Allergic to insect bites or bee stings? 29. YES NO

Examiner's specific comments: _____
_____

MEDICATIONS

30. Is he /she allergic to any medications? _____ 30. YES NO
31. Is he/she currently taking any medications? Please specify dosage 31. YES NO

Medication Dosage/Frequency Side Effects/Restrictions

_____
_____
_____

Examiner's specific comments: _____
_____
_____

COLD, HEAT, ALTITUDE

32. History of heat stroke or other heat related illness? 32. YES NO

Examiner's specific comments: _____
_____

Other Comments and Observations: _____
_____
_____
_____

4472 Basin Harbor Road, Vergennes, VT, 05491 • www.lcmm.org • 802-475-2022