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.


| 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________
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: ____________________________________________

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Name of Expedition Participant _______________________________

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

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   NO
21. Is he/she currently in treatment or counseling?  
   If yes, please arrange for the release of information from your therapist or counselor  
   21. YES   NO
22. Name and address of therapist or counselor ______________________________
23. Does he/she have, or have a history of substance abuse problems?  
   23. YES   NO
24. Hospitalization within the past year?  
   24. YES   NO
25. Reasons for treatment or counseling?  
   ______ suicide gesture  ______ substance abuse/chemical dependency  ______ Family issues/divorce
   ______ eating disorder (anorexia/bulimia)  ______ learning disability  ______ other

Examiner’s specific comments ____________________________________________

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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? 28. YES    NO
   Vegetarian? ______________
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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage/Frequency</th>
<th>Side Effects/Restrictions</th>
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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: __________________________________________

____________________________________________________________