

**2023 Teen Expeditions  
Questionnaire and Medical Form**

Thank you for registering for an expedition at Lake Champlain Maritime Museum. For the participant to have the best possible experience, please fill out this questionnaire and medical form. The information you disclose on this form will only be shared with the expedition staff to ensure the participant is well supported in the backcountry. All the trip leaders on the expedition are equipped with extensive wilderness medicine training, however we want to ensure conditions are disclosed. This will create a safer environment not only for your participant, but all the members of the expedition.

1. Does the participant have any allergies to food, medication, or environment (including insect stings/bites)? If yes, please answer the following.
  - What is the participant allergic to?
  - How does a reaction occur? (Ingestion, touch, airborne)
  - How does the participant treat a reaction?
  - Is cross contamination a concern?
  - Date of last reaction:
  - Has the participant ever gone to the ER for a reaction?
  
2. Iodine is often used on expeditions to disinfect water. Does the participant have any allergies or adverse reactions to iodine or the properties in iodine?

3. Any dietary preferences that were not mentioned in the allergy section? Including vegetarian.
  
4. Does the participant have asthma? If yes, please answer the following.
  - Date/Year of diagnosis:
  
  - Date of last asthma attack:
  
  - What medications are used to treat and manage asthma symptoms?
  
  - How would you rate the control of your asthma? (1 being regular attacks with medical visits required, 10 being carries a rescue inhaler but rarely needs it)
  
  - What triggers asthma symptoms?
  
  - Have you ever gone to the ER or been hospitalized because of asthma? If yes, please list the dates and length of the hospital stay.

5. Will the participant be taking any medication on the expedition? If yes, please fill in the chart below. Include over the counter medications and supplements that are taken daily. \*

Medication and Dosage	Frequency Taken	Reason	In the unlikely event, what to do if this medication is lost or a dose is missed?

Recent History

6. Has the participant been hospitalized (medical or psychiatric) in the last five years? If yes, please explain the condition, length of stay, and any considerations for the expedition. \*
7. Has the participant had any surgical procedures in the last five years? If yes, please explain the procedure, level of recovery, and any considerations for the expedition. \*
8. Has the participant had any urgent care or ER visits in the last year? If yes, please explain the reason and any considerations for the expedition. \*
9. Has the participant had any injuries in the last year? If yes, please explain the injury, treatment, and any considerations for the expedition. \*

## Condition Overview

10. Has the participant ever had any of the following? Please check all that apply and provide an explanation below. Specifically, the date of onset, treatment, and considerations for the expedition. \*

- Anemia or other blood disorder
- Cancer
- Concussion/head injury
- Diabetes
- Eye problems
- Ears/nose/throat problems
- Frequent headaches/migraines
- Frequent urinary tract infections
- Fainting
- Hearing loss
- Heart problem/abnormality
- Heat related illness
- High blood pressure
- Kidney/bladder problems
- Menstrual problems
- Musculoskeletal injury (include sprains, strains, dislocations, and broken bones)
- Pregnant
- HIV/AIDS
- Seizure or epilepsy
- Skin problems
- Stomach/gastrointestinal problems
- Other:

## Mental Health

11. Has the participant ever had treatment or counseling with a mental health professional? \*

12. Does the participant currently work with a therapist or counselor to manage mental health or any other condition? If yes, please answer the following questions. \*

- How long and how frequently?
- Why is the participant currently in treatment?
- What coping mechanisms can the participant utilize while on the expedition?

- Name, phone number, and address of current therapist.

13. Has the participant ever experienced any of the following? If yes, please explain the onset, date of last symptoms, and any treatment that was utilized. \*

- Suicidal ideation or threat
- Self-harm
- Substance abuse/dependency
- Disordered eating
- Anxiety
- Depression
- Bipolar Disorder
- OCD
- Autism Spectrum Disorder
- ADD/ADHD
- Learning disability
- Other:

14. Has the participant been hospitalized for mental health concerns in the last year? \*

Please include copies of insurance card and COVID-19 vaccination card. Please submit a copy of a physical completed by a physician, nurse practitioner, or physician's assistant within the last 12 months of the start date of the expedition. Either bring the online form from the Museum to the medical appointment or send us a copy of one used for school in the last year. Please submit these supplemental documents within 30 days of registration to hold your spot on the expedition. If you require more time, please reach out to Rebecca Burns at [expeditions@lcmm.org](mailto:expeditions@lcmm.org) or 802-475-2022 x117.

