

PROFESSIONAL COURSE MEDICAL DECLARATION

Please complete ALL sections and return to:
rfrear@outwardbound.co.nz
PO Box 25274, Wellington 6146
Fax: +64 4 472 8059

IMPORTANT INFORMATION

Acceptance

This medical declaration must be completed by you, to the best of your ability. It will then be reviewed by an Outward Bound Medical Screener/Nurse for final acceptance and confirmation of enrolment. Full disclosure of medical history is necessary to ensure the participant's and others' safety. Medical conditions may not necessarily exclude a participant, unless indicated, as long as the condition can be appropriately managed.

Medical declaration validity

This declaration is valid for 90 days from the date it is completed and must be valid until the course start date.

Please note, you may be required to have a medical assessment completed by your doctor if the Outward Bound Medical Screener/Nurse requires further information.

Further information

Contact Outward Bound on 0800 688 927.

SECTION I: DETAILS

FULL NAME

GENDER

DATE OF BIRTH (DD/MM/YY) AGE

MOBILE PH

HOME PH

WORK PH

EMAIL



OFFICE USE ONLY

COURSE CODE

DECLARATION

- I declare that the information given in this form is true and complete to the best of my knowledge.
- I understand that if:
 - a) I have not disclosed all previous medical conditions or injuries, or
 - b) My medical condition changes or I receive an injury after signing this form and do not disclose this to Outward Bound before the course, and these conditions or injuries limit or exclude me from the course, I will not be entitled to a refund.
- The safety and wellbeing of participants on an Outward Bound course is the first concern of Outward Bound. However, I understand that all participants take part at their own risk and must accept personal liability for any injury.
- I authorise Outward Bound to contact me to obtain further information that may be required.
- I acknowledge that, in accordance with the provisions of the Privacy Act 1993, the following information has been brought to my attention:
 - a) This form collects personal information about me.
 - b) The information is collected to evaluate my suitability to attend an Outward Bound course.
 - c) The intended recipients of this information are those staff directly involved with my attendance. Outward Bound staff may share relevant information with other health professionals who may be required to be involved in my health care.
 - d) The Health Information Privacy Code 1994 under Rules 6 and 7, and the Privacy Act 1993, entitles me to have access to, and request a correction of, the information. Where correction is not made, a statement of request for correction will be attached to my records.
 - e) The information is being collected and held by Outward Bound.

SIGNATURE

NAME

SIGNATURE

TODAY'S DATE

SECTION 2: MEDICAL

HEIGHT (CM)

WEIGHT (KG)

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- 1. Mental health (anxiety, depression, bi-polar, schizophrenia, eating disorder, alcohol/drug treatment or counselling, suicidal thoughts/attempts, self-harming behaviours) No Yes
- 2. Behavioural issues (ADHD) No Yes
- 3. Asthma No Yes
- 4. Epilepsy - must be seizure free for past 5 years (12 months for some adapted courses) No Yes
- 5. Diabetes - control of HbA1c (53-64 mmol is required) No Yes
- 6. Allergies (food, stings, medicine) No Yes
- 7. Traumatic experiences or death of family/friend in past year No Yes
- 8. High blood pressure No Yes
- 9. Fainting attacks, blackouts No Yes
- 10. Migraines No Yes
- 11. Hepatitis, HIV or AIDS related condition No Yes
- 12. Learning difficulties No Yes
- 13. Disability (intellectual, physical) No Yes
- 14. Head injury, concussion, unconsciousness No Yes
- 15. Current medication No Yes
- 16. Heart condition No Yes
- 17. Backache, spinal injury, disc trouble No Yes

- 18. Knee, ankle or joint injury No Yes
- 19. Other serious illness, injury, operation or condition No Yes
- 20. Currently pregnant - if YES participant cannot attend No Yes

If you answered 'yes' to questions 1-20, provide details in the space below - **including medication and dates commenced**. Please also attach any specialist letters.

If extra space is required please attach extra sheet of paper to the back of form

FITNESS

- Can you comfortably run 3km in under 25 minutes and complete a full day's activity? No Yes
- If no, what distance are you capable of?

WATER CONFIDENCE

- Are you confident in water and comfortable putting your head underwater? No Yes
- Can you swim 20 metres? No Yes

SMOKING

- Do you smoke? No Yes
- If yes, how many per day?
- Are you prepared to go smokefree at Outward Bound? No Yes