

## Medical Questionnaire

OUTWARD BOUND's camps include certain sports activities. There is a certain level of fitness necessary for all participants. Handicapped people or people with a medical problem can take part in a camp if OUTWARD BOUND knows about these and can take special care of these people or adjust the program accordingly. Please carefully fill in the following health statement and do answer every question. Thanks for your support!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Female  Male

### Have you ever had or do you have...

**YES** **NO**

|  |  |  |
|--|--|--|
| ... heart trouble, high or low blood pressure?   |  |  |
| ... athletic injuries, bone fractures or trouble with your spine?  |  |  |
| ... asthma, bronchitis, tuberculosis or analogical disorders with your respiratory ducts?  |  |  |
| ... diabetes or any metabolism disease ?   |  |  |
| ... epilepsy, pass outs, migraine or strong headaches?   |  |  |
| ... nervous diseases or perception disorders?  |  |  |
| ... allergies (e.g. against medications, insect bites, ...? "Allergy pass" available? (Food see backpage)  |  |  |
| ... sprains (e.g. shoulder), fractures (e.g. arm, lower leg)?  |  |  |
| ... any infectious diseases?   |  |  |
| ... nightly habits? (sleep walking, disorientation, ... )  |  |  |
| ... been treated by a doctor or in hospital for a serious injury/ illness within the last two years? If yes, are there any restrictions? (Please explain below.) |  |  |
| ... to take medication at this time? (Please explain below.)   |  |  |
| ... psychological or physical therapy?   |  |  |
| Other:   |  |  |

If you have answered "yes" to any of the questions above, please explain in the space provided and talk to our staff:

Date of your last tetanus vaccination (if known): \_\_\_\_\_ Blood group (if known): \_\_\_\_\_

Name and phone number of your medical practitioner (at home):

Contact number: : \_\_\_\_\_ Name: \_\_\_\_\_

We confirm that we will always be reachable in an emergency with one of these contact numbers:

Contact number 1: \_\_\_\_\_ Name: \_\_\_\_\_

Contact number 2: \_\_\_\_\_ Name: \_\_\_\_\_

I hereby declare, that all my answers are true and no important information was undisclosed.

Place and date

Signature student

Signature parents/ guardians



**Registration Form for Student:**

\_\_\_\_\_  Female  Male \_\_\_\_\_  
First Name Last Name Date of Birth

Address

Phone E-Mail

Date of Course Course Name

Address data of participants or parents will only be used in case of emergency or if you are interested in more information about Outward Bound (see below).

**I understand that Outward Bound programmes involve a certain level of fitness. Please assess:**

- Swimmer (able to swim 50 meters)**
- Biker (able to ride a bike up to 15 km a day)**
- Hiker (able to walk for 2 hrs)\***

**Notes:**

**For Meals I prefer to eat:**

- Vegetarian (Please note: We cannot offer vegan food at every location))
- No pork (i.e. for religious reasons)
- No fish

**Notes:**

**Food Allergies/ Dietary Needs:** (please support us by sending additional food in case of intense dietary needs)

- Lactose intolerance:
- Gluten intolerance:
- Other:

**Notes:**

**Treatment in case of a tick bite:**

- I/We give the permission to promptly remove a tick by experienced staff members
- I/We want to be called first

**Notes:**

Place and date

Signature parents/ guardians

**Send me more information about Outward Bound Programmes:**

- YES
- NO

Place and date

Signature parents/ guardians