

STATE OF CONNECTICUT - DEPARTMENT OF CHILDREN AND FAMILIES
WILDERNESS SCHOOL
PHYSICIAN'S MEDICAL EXAMINATION FORM

I. **Background for Physician:** The Wilderness School conducts physically demanding courses of up to 20 days in length. Students participate in back country expeditions that include hiking, canoeing, rock climbing, a high ropes course, an 8.5-mile marathon run and a solo experience. Expeditions occur in remote areas and in all types of weather. Students sleep in tarps inside sleeping bags for the entire course. Students carry a thirty to fifty pound backpack on average of eight miles per day for extended periods of time. The student must be emotionally as well as physically prepared for the rigorous demands of the course. The Wilderness School provides ample and nutritious meals prepared by the students. Special dietary requirements cannot always be met. The use of tobacco, alcohol, and illicit drugs are prohibited. While the course is stressful, it is expected that any person with normal physical and mental abilities can complete the program successfully. Wilderness School requires a physician's medical examination within one year of the student's Expedition. This form must be completed and submitted to the Wilderness School Enrollment Office a minimum of ten (10) business days prior to the student's course starting date.

II. Applicant Information

Name of Applicant _____ Applicant's Date of Birth _____

Height _____ Weight _____ BP _____ P _____

General Appearance _____ General Health and Nutrition: _____

Skin: _____ Urinalysis: _____

Lymph nodes: _____ Hemoglobin: _____

Eyes: _____ Ears: _____ Nose: _____

Neck: _____ Thyroid: _____

Thorax and Lungs: _____ Peripheral Vessels: _____

Heart: _____

Abdomen: _____ Hernia: _____

Extremities: _____ Scars: _____

Feet: _____ Ankles: _____

Back: _____ Genitalia: _____

CNS: _____ Remarks: _____

1. Immunizations and Tests (be sure to list history of varicella): _____ A. Has the applicant had DPT series? Yes No

B. The following immunizations are required. Please indicate dates. BOOSTER SHOTS MUST BE UP TO DATE.

TETANUS _____ POLIO _____

2. Does the applicant's history indicate a need for PPD skin test? Yes No. If yes, indicate the date of most recent PPD and results.

3. Is the applicant allergic to any medicine (e.g. penicillin, aspirin, sulfa, etc.)? _____

4. Is the applicant allergic to any food, bee stings, insect bites, etc.? _____

5. Is the applicant currently being treated for Asthma? Yes No If yes, please describe the severity, indicate triggers and treatment.

Applicant Name: _____

III. Medications

Medication Policy: All medications (prescription and non prescription) that accompany the student from home or residence to the course must be accompanied by a written Doctor's Order on Physician's Medical Examination Form, including vitamin supplements and homeopathic treatments as designated by DCF Medications Administration policy.

Medications must arrive at the Wilderness School **96 hours** prior to the course start, must be in **original purchased containers** and have **intact, complete labeling for ingredients, directions, and precautions.**

Students must be considered appropriate for self-administration of medications and must have Doctor's approval for this. All prescription and non-prescription medications, including emergency prescription medications, remain under the direct supervision of Wilderness School Instructors.

Please indicate:

- A. Is the applicant receiving any prescription or non-prescription medication? (Note: complete the Addendum to Physician's Medical Exam for all prescription medications) Yes No
- B. Is the student appropriate for self-administration of any prescription or non-prescription medication to be received when participating in the Wilderness School program (with the exception of epinephrine administered by Wilderness School staff via Epic-Pen): Yes No
- C. If yes, please indicate that the applicant is properly trained in self administration of medications Yes No

Directions:

Non prescription medications are to be authorized via checkbox in Section 1 below. The Doctor's signature is required in Section 3.

Emergency medications are to be authorized via checkbox in Section 2 below, with Doctor's signature requested in Section 3 below.

Non-Prescription Medications: Please indicate below all non-prescription medications for which the applicant is approved to receive under Doctor's Orders.

Please Note: Non-prescription medications must also have prior approval made on the Consent and Waiver Form by a parent or legal guardian.

Medication	Dosage / Frequency per manufacturer's direction. (Please specify otherwise)	Route	Indication (reason for medication)	Start & Stop; Special Considerations	Side Effects Contraindications	Approved? Please Check
Ibuprofen, 200 mg tablet		Oral				
Acetaminophen, 325 mg tablet		Oral				
Other (please list):						

All non-prescription medications are to be self-administered and to **remain under the supervision of Wilderness School Instructors**, and must be provided by the student's family.

Additional non-prescription medications that will be carried by Wilderness School staff in program first aids kits and do not require individual Doctor's orders include the following topical medications in addition to ingestible iodine water purification solution:

- | | | |
|--|---|----------------------------|
| Poison Ivy Ointment (Ivy Dry or equivalent) | Alcohol Prep Pad | Polar Pure, iodine crystal |
| First Aid Cream (non antibiotic) | Sunscreen Lotion | water purification system |
| Hydrogen Peroxide 3% USP | Insect Repellent (contains DEET), Stick and Spray | Povidone-Iodine, 10% USP |
| Iodine Tincture, 2% USP for water purification | | |

Applicant Name: _____

2. Emergency Medications: As required by the department of Public Health Youth Camp Licensing regulations, the Wilderness School Youth Camp Physician or designee will provide standing orders for Wilderness School Staff to use Epinephrine and Diphenhydramine (i.e. Benadryl) in **life threatening emergency situations in wilderness settings**. All staff are trained in emergency use and administration. Medication is supplied by Wilderness School.

Medication	Dosage and Frequency	Route	Side effects / contraindications	Start & Stop/Special Considerations	Reason for medication	Approved ? Please Check
Epinephrine (Epi-Pen, 0.3 mg)	PRN in Medical Emergency	Injection (Subcutaneous)			Life threatening emergency in a wilderness setting	
Antihistamine, Diphenhydramine HCL, 25 mg caplet	PRN in Medical Emergency	Oral			Life threatening emergency in a wilderness setting	

3. Doctor's Signature Authorizing Non-Prescription Medication (p.2) and Wilderness School protocol for life threatening Anaphylaxis (above):

Signature of Examining Physician _____ Date _____

IV. Doctor's Approval for Participation

Applicant Name: _____

- On the basis of your physical examination of the applicant and the applicant's medical history, do you feel this individual can participate in the Wilderness School program? yes no
- Do you feel that further examination by a specialist is indicated? yes no If yes, what kind of specialist? _____

3. Doctor's Signature Authorizing Participation

Signature of Examining Physician _____ Date _____

4. PLEASE CONTINUE TO SECTION V, PRESCRIPTION MEDICATIONS AUTHORIZATION (ATTACHED), FOR ALL OTHER MEDICATIONS CURRENTLY PRESCRIBED BY THIS PHYSICIAN.

NAME, ADDRESS, FAX AND PHONE NUMBER OF EXAMINING PHYSICIAN (Please print or stamp):