



**Alaska Mountain Guides
International Inc.**

Health Form

Participant's Name

Trip or Course Name

Trip or Course Date

() _____
Daytime or Temporary Phone (circle one)

() _____
Permanent/Cell Phone

Gender

Age

Previous Experience with AMGI

AMGI Expedition Participant Health & Medical Form.

This form is to be completed by a Physician, F.N.P. or P.A.

Please read and fill out pages 1-6. Physical examination information must be completed less than a year before the starting date of the AMGI expedition. (Please type or print legibly)

Alaska Mountain Guides International (AMGI) trips are wilderness expeditions ranging in length from a few days to three months. AMGI expeditions operate in remote areas where evacuation to modern medical facilities may take days.

Weather conditions can be extreme with ambient temperatures ranging from -40 F to +100 F, prolonged storms, high winds, high altitude, intense sunlight, and sudden immersion in cold water being possible.

Physical demands on the participant may include carrying a backpack weighing between 45-85 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. Elevations on climbing trips can reach more than 22,500 ft.

While participating on an AMGI expedition, participants will sleep outdoors and experience long physically demanding days.

AMGI disinfects all wilderness water with iodine, chlorine, chlorine dioxide, Miox pen, UV pen, or by boiling. Not all of these methods are effective against cryptosporidium. Individuals with a compromised immune system may wish to obtain an additional appropriate water filter for their course.

In the interest of the personal safety of both the participant and the other expedition members, please consider the questions carefully when completing the health form. A "Yes" answer does not automatically cancel a participant's enrollment. If we have any questions on the participant's capacity to successfully complete the trip we will call the individual to discuss it.

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Physician, F.N.P. or P.A.:

Please check YES or NO for each item. Each question must be answered and please **provide date and details for all "yes" answers.**

General Medical History

1. Respiratory problems? Asthma?	YES	NO
Is the asthma well controlled with an inhaler?	YES	NO

If so, please have the student bring inhaler(s) with them for their course.

What triggers an attack? Last episode? Ever hospitalized?

2. Gastrointestinal disturbances?	YES	NO
3. Diabetes?	YES	NO

Examiner's specific comments:

4. Bleeding, DVT (deep vein thrombosis) or blood disorders?	YES	NO
5. Hepatitis or other liver disease?	YES	NO

Examiner's specific comments:

6. Neurological problems? Epilepsy?	YES	NO
7. Seizures?	YES	NO
8. Dizziness or fainting episodes?	YES	NO
9. Migraines? Medications, frequency, are they debilitating?	YES	NO

6-9. Describe frequency, date of last episode, and severity. ?





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- 10. Disorders of the urinary or reproductive tract? YES NO
 - 11. Any disease? YES NO
 - 12. Does this person see a medical or physical specialist of any kind? YES NO
- IF "yes" please specify the issue(s) and provide name/address of specialist. _____
- _____
- _____
- _____

Questions 13 and 14 are for Female Participant Only:

- 13. Treatment or medication for menstrual cramps? YES NO
 - 14. Is she pregnant? YES NO
- Examiner's specific comments: ? _____
- _____
- _____

- 15. Hypertension? YES NO
 - 16. Cardiac problems? Unexplained chest pain? YES NO
- Examiner's specific comments: _____
- _____
- _____

Cardiac Screening:

A stress ECG is required if the participant is:	Cardiac Risk Factors
1. Over 35 years old and has 2 cardiac risk factors. 2. Over 50 years old and has 1 cardiac risk factor. 3. Over 50 years old and leads a sedentary lifestyle. 4. Any age with a known heart condition. Please provide a written note from your doctor stating the date of the stress ECG and the results	<ul style="list-style-type: none"> • High blood pressure • Diabetes • Current or prior cardiovascular disease • High blood cholesterol • Family history of heart disease (family member who's had a heart attack at less than 55 years of age.) • Smoking

The stress ECG requirement may be waived for participants who are over 50 years of age with no cardiac risk factors and who are in good physical condition. **Their physician must note that the participant has a) no cardiac risk factors and b) excellent cardiac health on page 6 of this form.**

Muscle/Skeletal Injuries/Fractures

- Does the participant currently have or does he/she have a history within the past 3 years of:
- 17. Knee, hip or ankle injuries (including sprains) and/or surgery? YES NO

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Type of injury or surgery? When did the injury or surgery occur? _____

Is there full ROM? Full Strength?

YES NO

What is the most rigorous activity participated in since the injury/surgery. Results?

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level) _____

18. Shoulder, knee, arm, or back injuries (including sprains) and/or surgery?

YES NO

Type of injury or surgery? When did the injury or surgery occur? _____

Is there full ROM? Full Strength?

YES NO

What is the most rigorous activity participated in since the injury/surgery. Results? _____

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level): _____

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19. Any other joint problems?

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level): _____

20. Head Injury? Loss of consciousness? For how long?

YES NO

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level): _____

Allergies

21. Is he/she allergic to any foods?

YES NO

Describe: _____

22. Are there any dietary restrictions? Please specify
vegetarian vegan other

YES NO

23. Allergic to insect bites or bee stings?

YES NO

If appropriate please bring 2-3 Epi Pens or Twinjects.

Examiner's specific comments: _____

24. Any other allergies?

YES NO

Examiners Specific comments: _____

25. Water may be disinfected with iodine. Is iodine contraindicated?

YES NO

Medications

26. Is he/she allergic to any medications?

YES NO

If yes, please list: _____

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27. Does this person plan to take any prescription or non-prescription medications on the course?
YES NO

AMGI courses travel in remote areas where access to medical care may be one or more days away. The participant must understand the use of any prescription medications they may be taking.

Medication Dosage Side Effects/Restrictions Prescribed by? For What Conditions?

If Medication Or Condition Changes Prior To Course Start Participant Should Inform AMGI.

Cold, Heat, Altitude

28.

History of frostbite or Raynaud's Syndrome? YES NO

29. History of acute mountain sickness, high altitude pulmonary/cerebral edema? YES NO

When did the illness occur? _____

30. History of heat stroke or other heat related illness? YES NO

Examiner's specific comments: _____

Does The Participant Wear Corrective Lenses? YES NO

Fitness (please provide details concerning the participants exercise regime)

Does the participant currently have a history of:

Chronic Lung Disease YES NO

Congenital Absence of a Pulmonary Artery YES NO

Cyanotic Congenital Heart Disease YES NO

Previous Stroke or Pulmonary Embolus YES NO

Heart Failure YES NO

Severe Angina YES NO

Anemia YES NO

Sickle Cell Disease YES NO

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