

ECOEE MEDICAL INQUIRY AND FITNESS ASSESSMENT FORM

Because of the physically demanding nature of wilderness travel, ECOEE participants must be able to realistically assess their medical and physical fitness levels. Requirements for participation in the ECOEE program include the physical ability to carry a heavy pack (over 50 pounds) while hiking long distances over difficult terrain and at altitudes above 8,000 feet. The use of illegal substances is prohibited during ECOEE and the use alcohol and tobacco products may also be prohibited at the discretion of the ECOEE Coordinator. Please use this form to address your physical, medical, and emotional abilities and limitations as well as your behavioral habits concerning alcohol and tobacco usage.

Medical and Fitness History

Do you have any allergies to medications, insects, food, etc.? Yes No

If yes, describe _____

Do you have any diagnosed medical conditions, i.e. diabetes, epilepsy, asthma, etc.? Yes No

If yes, describe _____

Please describe any other symptoms or conditions you've experienced, such as pain, infection, discomfort, etc. _____

Please list all prescription and non-prescription medications you currently take: _____

Have you ever been hospitalized? Yes No

If yes, describe _____

Do you have any dietary restrictions, i.e. vegetarian, vegan, etc? Yes No

If yes, describe _____

Do you experience motion sickness? Yes No

If yes, how will you manage traveling in the ECOEE vehicles? _____

Do you drink alcoholic beverages? Yes No If yes, how many beverages do you consumer each week? _____

Will you have any difficulty not consuming alcohol for a semester? Yes No

Do you smoke or use tobacco products? Yes No If yes, how much do you smoke or use each day? _____

If you smoke, please indicate when and how you intend to quit for the duration of the ECOEE semester. _____

How frequently do you exercise each week?

How would you describe your physical condition?

What are your plans to physically prepare yourself for the ECOEE program: _____

Please describe you swimming ability:

Do you have any fears, i.e. of heights, confined places, etc. Yes No

If yes, describe _____

Person to Notify in Case of Emergency

Name: _____ Day Phone: _____ Eve Phone: _____

Address: _____

Relationship to Applicant: _____