

PHYSICAL EXAMINATION

Last Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)
Permanent Address: street			Area code/phone number
City, State, Country, Zip Code			Email Address

If indicated: Hgb/Hct:

Blood Pressure _____ Pulse _____ Height _____ Weight _____ BMI _____

System examined	Normal	Abnormal	Comments
HEENT			
Respiratory			
Cardiovascular			
Gastrointestinal			
Abdominal/hernia			
Genitourinary			
Metabolic/Endocrine			
Neuropsychiatric			
Upper extremity joints			Inclusive of: shoulder, elbow, wrist
Lower extremity joints			Inclusive of: hip, knee, ankle
Spine and musculature			
Skin			
Mammary			
Reflexes			
Other:			

Any impairment of vision: glasses contact lens other impairment: _____

Is student under treatment for any medical or emotional condition? Yes _____ No _____

Reasons for treatment or counseling?

suicide gesture
 academic/career
 substance abuse/chemical dependency

family issues
 eating disorder
 learning disability
 Other

Please explain: _____

Any allergies (foods, medications, etc)? _____	YES	NO
Is iodine contraindicated for this person?	YES	NO
Are there any dietary restrictions? _____	YES	NO
Allergic to insect bites or bee stings? _____	YES	NO
History of Frostbite, Hypothermia or Raynaud's Syndrome? _____	YES	NO
History of Acute Mountain Sickness or Cerebral Edema? _____	YES	NO
History of heat stroke or other heat related illness? _____	YES	NO

**ATTENTION MEDICAL PROFESSIONAL:
PLEASE READ THE FOLLOWING**

Outdoor Education Wilderness Expedition Information

Please sign below, indicating whether you believe the student is capable of participating in Outdoor Education wilderness expedition courses which may include:

- Outdoor Education expeditions operate in remote areas where evacuation to modern medical facilities can take hours or days.
- Weather conditions can be extreme. Prolonged storms, high winds, intense sunlight, and sudden immersion in cold water is possible.
- The student will be carrying a pack of 45-75 pounds on uneven terrain at elevations up to 6600 feet or paddling heavily loaded canoes.
- While participating in a wilderness course, this student will sleep outdoors, experience long hard days, will prepare meals and set-up camp.
- Courses may include rock climbing, a run on rugged terrain, and a 1-3 day experience of fasting and solitude. Each student is expected to take good care of his or her health and must be responsible to be alone in the wilderness.
- Outdoor Education Department wilderness courses are NOT a rehabilitation program and this is NOT the place for a student to quit smoking, drinking, or using drugs.

Your signature indicates that, based on your assessment, this student is capable of participating in Outdoor Education wilderness expeditions. If we have any question on the student's capacity to successfully complete the course, we will call you directly. The student is not accepted on the course until the Physical Examination has been reviewed and approved by Montreat College personnel.

PHYSICIAN, LNP. OR P.A. SIGNATURE: _____ Date: _____

I certify that I have reviewed the medical history and examined the above student and I recommend:

_____ clearance with no limitations for Physical Education/Outdoor Education/Athletics/Intramurals

_____ clearance pending further evaluation or testing (please explain) _____

_____ referral to other health care professional prior to clearance (Please explain) _____

_____ clearance with limitations (please explain) _____

_____ disqualified from _____. (Identify what student is disqualified from)

Please explain reason for disqualification _____

_____ medical follow-up recommended for _____

_____ mental health follow-up recommended: specify: counseling/ psychiatrist/psychologist

Name of examining MD, PA, or LNP _____ Signature _____

Address: _____ Phone _____

_____ Date of Examination _____