



IWLS

International Wilderness Leadership School

Health Form

All IWLS student must have this form filled out by your physician, F.N.P., or P.A. in order to participate in one of our courses.

Student's Name

Course Name

Date

() _____
Daytime or Temporary Phone (circle one)

() _____
Permanent Phone

Gender

Age

IWLS Expedition Information for the Medical Professional

International Wilderness Leadership School (IWLS) courses are wilderness expeditions, varying in length from eight days to three months. IWLS expeditions operate in remote areas where evacuation to modern medical facilities may take days.

Weather conditions can be extreme with temperatures ranging from -40 F to +100 F. Prolonged storms, high winds, intense sunlight, sudden immersion in cold water and/or high seas are possible.

Physical demands on the applicant may include carrying a backpack weighing between 55-85 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. Elevations for backpacking courses range from sea level to 12,000 feet. Peak climbs on mountaineering courses may be as high as 14,000 feet. Some mountaineering expeditions may reach elevations of 23,000 feet. Physical demands of sea kayaking and river courses require paddling heavily loaded kayaks, canoes or rafts and lifting and carrying boats over uneven terrain.

While participating on an IWLS expedition, students will sleep outdoors, experience long physically demanding days, set up their own camp and prepare their own meals. Each participant is expected to take good care of him or herself.

IWLS 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. Immuno compromised people may wish to obtain an appropriate water filter for their course.

IWLS is not a rehabilitation program. IWLS is not the place to quite smoking, drinking or drugs or to work through behavioral or psychological problems.

Prior physical conditioning and an enthusiastic mental attitude are a necessity. Students find an IWLS course to be extremely demanding experiences both physically and emotionally.

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 student's enrollment. If we have any questions on the student's capacity to successfully complete the course we will call the student to discuss it.

All participants are REQUIRED to bring the following medications:

1 course of broad-spectrum antibiotics that is effective for upper respiratory problems.

1 course of broad-spectrum antibiotics that is effective for GI problems.

Students on courses going above 15,000ft/4,200m are also REQUIRED to have the following high altitude medications:

Acetazolamide (Diamox) and Dexamethasone (Decadron). Also, Nifedipine (Procardia) is optional.

In addition to a participant's personal medications, AMGCSI/AMGI/IWLS carry the following medications in expedition first aid kits.

AMG/IWLS/AMGI employees adhere to appropriate guidelines for dosage and intended use associated with each medication. Please state if any of these medications that should NOT be given to the participant. If there are alternative medications that would be preferable, please prescribe accordingly.



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Prescription Drugs:

- ___ **Acetazolamide** - Increases breathing and expulsion of carbon dioxide and promotes acclimatization. Elimination of severe hypoxia during sleep. 125 -250mg every 12 hours – to aid in acclimatization and prevent AMS. 125mg to 250mg orally at bedtime – to promote sleep at high altitude
- ___ **Dexamethasone** - 4 mg orally every 6 hours.
- ___ **Nifedipine** - Lowers pulmonary artery pressure – effective against HAPE (High Altitude Pulmonary Edema). 10mg orally 3 times per day. Only administered for time required to evacuate
- ___ **Ciprofloxacin** - Broad spectrum antibiotic -- 250mg twice a day - Preferably after a meal.
- ___ **Azythromycin** - Broad spectrum antibiotic – specifically upper respiratory Dosage: 600mg tablet – once a day. Maintain for at least 5-days.
- ___ **Epinephrine** Autoinjector - 0.3mg of 1/1000 epinephrine

Non-Prescription Drugs:

- ___ **Aspirin** - 1 tablet (650mg) orally every 4-6 hours for fever or pain. Take with a lot of water and food if possible. 1 tablet/day (650mg) to decrease risk of stroke, embolism, or heart attack (especially at altitude)
- ___ **Aspirin** - 1 tablet (81mg) orally daily. This low dosage aspirin is specific to trips going to altitudes of 10,000ft and higher. Its purpose is to decrease the risk of blood clots which are more common during periods of inactivity at higher altitudes.
- ___ **Tylenol** - 325mg – 625mg orally every 3-4 hours for fever or pain.
- ___ **Ibuprofen** - 200 – 600 mg every 4 hours – not to exceed 1200mg/day
- ___ **Loperimide (Imodium)** - Treatment of diarrhea. -- 4mg (two capsules) followed by 2 mg (one capsule) after each unformed stool. Daily dose should not exceed 16mg (eight capsules).
- ___ **Diphenhydramine (Benadryl)** - Use: Antihistamine, anti-allergy medication. Inactivates histamine produced by allergic reactions. Provides temporary relief of sneezing, watery and itchy eyes, and running nose due to allergies and hay fever. Also helps relieve upper respiratory allergies. Adult Dose: 25 - 50 mg every 4-5 hours.
- ___ **Pepto Bismol** - Use: Antacid, for upset stomach, heartburn, indigestion, nausea, and diarrhea. Neutralizes excess stomach acid and protects stomach lining. If you are having diarrhea, taking a dose before eating may help. **Dose:** 2 tablets chewed or dissolved in mouth every 1/2 to 1 hour, as needed, to a maximum of 8 doses in 24 hours. Best to take an hour after meals, and every 2-3 hours thereafter.
- ___ **Pseudoephedrine(Sudafed)** - Use: Decongestant, for the common cold. Promotes sinus/nasal drainage. Relieves nasal congestion due to colds, hay fever, and upper respiratory allergies. **Doses:** 60 mg tablets every 4-6 hours. Do not exceed 240 mg in 24 hours. **Adverse Effects:** Acts as a mild stimulant and makes some individuals restless or jumpy, inhibiting restful sleep. Reducing dose of drug usually relieves these side effects. Taking the last dose of the day several hours before bedtime will help prevent trouble sleeping **Precautions:** Do not exceed recommended dosage because at higher doses nervousness, dizziness or sleeplessness may occur. Do not administer if patient is presently taking a prescription anti-hypertensive or anti-depressant without consulting medical director.
- ___ **Monistat** - For vaginal use only. – 1 dose treatment – have patient read directions prior to use. Do not use: if patient has never had a vaginal yeast infection diagnosed by a doctor; if patient has a fever (higher than 100 degrees F), pain in the lower abdomen, back or either shoulder, or foul-smelling vaginal discharge.
Consult Medical Director if symptoms do not get better in 3 days; symptoms last more than 7 days. Patient may have a condition other than a yeast infection; Patient gets a rash, fever, abdominal pain, or a foul-smelling vaginal discharge.

In the event of an emergency, AMGCSI, AMGI, and IWLS have standing orders for the below medications/medical emergencies. If possible, employees will contact our medical director prior to administering medications, however, we recognize that this is not always possible in a wilderness setting.

Dislocations - This protocol applies to reducing dislocations of the shoulder, patella, and digits resulting from indirect forces only. A history indicating indirect force will be obtained prior attempting reduction.

Anaphylaxis - Anaphylaxis can result from exposure to a foreign protein injected into the body by stinging and biting insects, snakes, and sea creatures as well as from the ingestion of food, chemicals, and medications.

TREATMENT OF ANAPHYLAXIS

1. Maintain open airway, assist ventilations if necessary, and put patient in a position of comfort. Initiate CPR if necessary.
2. Inject 0.3mg of 1/1000 epinephrine into the lateral aspect of the deltoid, or the anterior aspect of the thigh (either subcutaneously or intramuscularly)
3. Repeat injections every 5 minutes if condition worsens or every 15 minutes if condition does not improve, for a total of up to three doses.
4. Administer 50-100mg of diphenhydramine by mouth every 4-6 hours if the patient is awake and can swallow.
5. Consider Dexamethasone 2, 4mg tablets/day



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6. Because a rebound reaction can occur, all victims of an anaphylactic reaction should be evacuated to and evaluated by a physician. Rebound reactions should be treated in the same manner as the initial reaction, using epinephrine in the same dosage.
7. Transport patient

Severe Asthma

TREATMENT OF SEVERE ASTHMA

For a patient suffering from a severe asthma attack, epinephrine can be used as a bronchodilator to open air passages in the lungs.

1. Maintain open airway, assist ventilations if necessary, and put patient in a position of comfort.
2. Inject 0.3mg of 1/1000 epinephrine into the lateral aspect of the deltoid, or the anterior aspect of the thigh (either subcutaneously or intramuscularly)
3. Repeat injections every 5 minutes if condition worsens or every 15 minutes if condition does not improve, for a total of up to three doses. 3 doses are rarely needed.
4. Administer Dexamethasone – 4mg tablet
 - a. Confirm administration of Prednisone with medical director.
5. Initiate PPV if breathing becomes ineffective.
6. Once able, have patient self administer

Dexamethasone - Cerebral edema is a life threatening condition that can affect climbers at high altitude. AMG/IWLS staff recognize that even the most prudent acclimatization schedule and safety consciousness can result in a participant developing HACE.

Nifedipine - Pulmonary edema is a life threatening condition that can affect climbers at high altitude. AMG/IWLS staff recognize that even the most prudent acclimatization schedule and safety consciousness can result in a participant developing HAPE. This protocol approves AMG/IWLS staff to administer 10mg of Nifedipine every three hours until participant has descended at least 2,000 feet.

Aspirin - Aspirin has also been proven to be effective against the damaging effects of strokes, heart attacks, and embolisms. If a participant is suffering from a heart attack and has no known allergies or contraindications, it is appropriate for AMG/IWLS staff to administer aspirin. 1 tablet (650mg) orally every 4-6 hours for fever or pain. Take with a lot of water and food if possible. 1 tablet/day (650mg) to decrease risk of stroke, embolism, or heart attack (especially at altitude)

Antibiotics – Participants may be directed to initiate treatment with prescription antibiotics prophylactically. In remote wilderness environments and on extended expeditions, the onset of infection can be severely detrimental to the safety and success of the expedition. For this reason, AMGCSI/AMGI/IWLS staff may ask participants to initiate a course of antibiotics to treat potential infections prior to onset of symptoms. This prophylaxis treatment can avoid compromising the safety of the expedition associated with the symptoms of infection and corresponding physical performance.

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

Does this person currently have a history of:

- | | | |
|--|-----|----|
| 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 |





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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. ? _____

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 Students 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 applicant 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 applicants 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





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Does this person 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

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, 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): _____

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): _____

21. Does this person have any physical, cognitive, sensory, or emotional condition that would require a special teaching environment?

YES NO

If yes, please describe how the condition effects you: _____

Personal History (Counseling/Psychiatric/Learning Disabilities)

IWLS requires that any participant with a counseling history demanding medication, hospitalization or residential treatment, display one year of stability before they will be accepted for a course. They must be successfully employed or in school.

22. Has he/she had treatment, counseling or hospitalization with a mental health professional?

YES NO



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23. Is he/she currently in treatment or counseling? YES NO

24. Reasons for treatment or counseling? (please circle)

suicide

substance abuse/chemical dependency

eating disorder (anorexia/bulimia)

academic/career

ADD/ADHD

family issues/divorce

depression

other _____

Please provide Specific Dates and Details of Counseling Hx and medications that were provided:

25. Name, address and telephone number of therapist?

Allergies

26. Is he/she allergic to any foods? YES NO

Describe: _____

27. Are there any dietary restrictions? Please specify YES NO

vegetarian

vegan

other

28. Allergic to insect bites or bee stings? YES NO

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

Examiner's specific comments: _____

29. Any other allergies? YES NO

Examiners Specific comments: _____

30. Water may be disinfected with iodine. Is iodine contraindicated? YES NO

Medications

31. Is he/she allergic to any medications? YES NO

If yes, please list: _____

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

IWLS courses travel in remote areas where access to medical care may be one or more days away. The student must understand the use of any prescription medications they may be taking. Written specific instructions are necessary. All students who are required by their personal physician, psychiatrist or health care provider to take prescription medications on a regular basis must be able to do so on their own and without additional supervision.

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



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If Medication or Condition Changes Prior to Course Start, Please inform IWLS.

Field staff may administer the following over the counter medications at the appropriate dosage if a student indicates the need for a particular medication (other medications may apply as appropriate). Please indicate if student has any allergies or contraindications to the following medications.

Aspirin, Acetaminophen, Ibuprofen, Pseudoephedrine, Diphenhydramine, Pepto Bismol, Imodium, Tolnaftate (external only)
Monistat-1, Orobace, Cavit, Activated Charcoal

Field staff may administer the following prescription medications and their appropriate dosage if a student indicates the need for a particular medication (other medications may apply as appropriate). Administration of these medications will be checked off by the IWLS medical director. Please indicate if student has any allergies or contraindications to the following medications. (Please review front of document for details associated with administration and IWLS medical protocols.)

Ciproflaxin, Azythromax, Nifedipene, Acetazolamide, Dexamethasone.

Cold, Heat, Altitude

- 33. History of frostbite or Raynaud's Syndrome? YES NO
- 34. History of acute mountain sickness, high altitude pulmonary/cerebral edema? YES NO

When did the illness occur? _____

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

Examiner's specific comments: _____

Fitness (please provide details concerning the participants exercise regime)

- 36. Does the applicant exercise regularly? YES NO

Activity _____ Frequency _____

Duration/Distance _____ Intensity Level: Easy Moderate Competitive

Activity _____ Frequency _____

Duration/Distance _____ Intensity Level: Easy Moderate Competitive

- 37. Is this person overweight? Underweight? If so how much? _____ YES NO

- 38. Swimming ability (CHECK ONE): Non-swimmer Recreational Competitive

Physical examination

Physician must read and fill out pages 1-6. **Physical examination data cannot be more than a year old from the starting date of the IWLS courses.** (Please type or print legibly)





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IWLS Requires a Tetanus Immunization Within 10 Years of the Start Date of the Course. Exceptions Outside the U.S. May Require Additional Immunizations. Please refer to your course description for specific information.

Blood Pressure

Pulse

Last Tetanus Inoculation

Height

Weight

General Appearance, Impressions and Comments: (If applicable, address cardiac health. See Question #16.):

Examiner's Name

() _____
Phone

Street Address

State

Zip

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

Date

By my signature, I attest that the information in this form is correct and the person named on page one of this form is medically cleared to participate on a IWLS course based on the expedition information provided on page 1 of this form along with the background information provided by this person and my physical examination of him/her. Additionally, I have reviewed the medications that IWLS carries in the field and noted any exceptions.



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