

OUTWARD BOUND

Inspiring Australians

In Confidence: PERSONAL MEDICAL DECLARATION

Please answer the following questions as **FULLY AND ACCURATELY** as possible. **ALL fields MUST be completed.** All information will remain confidential to Outward Bound and any relevant care and response personnel. An adult participant or parental **signature is required** before participation may be permitted. Please use blue/black pen.

EVENT: AGSA 2007 Student Leadership Conference		Course Code: AGSA-KSWW-1107			
COURSE DATES: FROM:	17 / 1 /07	TO:	21 / 1 /07	AREA:	Perth
SURNAME:	FIRSTNAME:		SEX:		M / F
FULL ADDRESS:					
HOME PH:			EMAIL:		
DATE OF BIRTH:	/ /	AGE:	Yrs	Mths	HEIGHT: kg WEIGHT: cm
SMOKER: Y / N	AVG PER DAY:		<small>(Please note: smoking is not permitted during an Outward Bound course. Please advise Outward Bound if you have any queries)</small>		
MEDICARE NUMBER:		REFERENCE NUMBER:		EXPIRY: / /	
PRIVATE MEDICAL/HEALTH CARE FUND: Y / N HEALTH FUND NAME:					
PRIVATE HEALTH FUND MEMBER NUMBER:					
PLEASE NOTE: It is the responsibility of participants to ensure that they have adequate insurance to cover the cost of any medical, dental, ambulance or other related expenses that may arise during course. If you are not an Australian resident and/or are not registered with Medicare, you will need to obtain suitable insurance, as medical treatment in Australia is not free. Travel agents can provide suitable "travel insurance" policies (please check policy coverage against activities on your Outward Bound program).					
CONTACT PERSONS IN CASE OF ILLNESS OR ACCIDENT					
<small>Please ensure that each person is contactable for the entire duration of your course and is aware that they are your contact</small>					
CONTACT PERSON 1: (MANDATORY)					
SURNAME:		FIRSTNAME:		RELATIONSHIP:	
ADDRESS:					
DAYTIME PH:		NIGHT TIME PH:		MOBILE:	
CONTACT PERSON 2: (OPTIONAL)					
SURNAME:		FIRSTNAME:		RELATIONSHIP:	
ADDRESS:					
DAYTIME PH:		NIGHT TIME PH:		MOBILE:	
LEVEL OF FITNESS (PLEASE CIRCLE)					
SWIMMING DISTANCE:	> 100M	50-100M	25-50M	<25M	NIL
FITNESS:	VERY GOOD	GOOD	FAIR	POOR	

MEDICAL HISTORY

The following section (pages 1-3) is **VERY IMPORTANT**. Your Instructor must be aware of **ALL** of your special requirements, medical and dietary needs and any restrictions or limitations. Any omissions may have serious implications for yourself &/or fellow participants. Please complete all questions and include as much information as possible.

	Please Tick	YES	NO
Have you been immunised against Tetanus?			
Approximate date of your last immunisation / booster: _____ / _____ / _____			
Please note: As courses operate in rural/ remote locations it is important that you have had Tetanus immunisation; either once in your adult life, or within the last 10 years for those under 18.			

GENERAL HEALTH:	Please Tick	YES	NO
In the past month, have you been in contact with any infectious diseases (including childhood diseases such as chickenpox, measles, mumps) or people with diarrhoea?			
Do you have any communicable diseases such as Hepatitis, HIV/AIDS?			
Have you travelled overseas in the past 6 months? If YES, which countries were visited? Countries:			
Do you have any special dietary requirements? Please specify:			

MEDICAL CONDITIONS: Do you have or ever had, any of the following conditions? Please Tick
DO NOT LEAVE ANY SPACE BLANK

		YES	NO			YES	NO
1	Hepatitis			22	Digestive / alimentary problems		
2	Glandular Fever			23	Kidney or bladder problems		
3	Head injury or concussion			24	Diabetes		
4	Migraine or severe headaches			25	Hernia		
5	Fainting spells or blackouts			26	Osteomyelitis		
6	Loss of balance / co-ordination			27	Poliomyelitis		
7	Memory / attention problems			28	Injury to any joint or bone		
8	Convulsions, fits or epilepsy			29	Spinal injuries or disorders		
9	Vertigo or claustrophobia			30	Impaired movement		
10	Sea or motion sickness			31	Abnormal response to heat or cold		
11	Psychological / behavioural problems			32	Allergies e.g. bee stings, drugs		
12	Asthma / breathing difficulties *			33	Sinus problems		
13	Heart or circulatory disorders			34	Thyroid disorder		
14	Tuberculosis			35	Speech difficulty		
15	Arthritis or rheumatism			36	Eye disease or glaucoma		
16	Anaemia			37	Visual impairment **		
17	Haemophilia or bleeding problems			38	Ear disorders or hearing difficulties		
18	Leukaemia or other blood disorders			39	Skin disorders e.g. eczema, tinea		
19	Menstrual / gynaecological problems			40	Recent injuries or operations		
20	Sexually transmitted diseases			41	Any other condition (specify)		
21	Sleep problem eg. sleepwalking						

If you answered **YES** to **ANY** of these conditions, **please give details** in the space provided below. Please include whether any current or past condition might be of concern during the course. Attach additional notes if required.

No.	DATE of Onset	DETAILS	CURRENT EFFECTS/CONCERNS

* Participants with Asthma: complete details over page and additional **"Asthma Action and Management Plan"** form

** Contact lenses are suitable for most activities however it is advisable to bring 2 pairs of glasses in case they are required. A strap is also advised to be worn with glasses at all times due to the physical nature of some activities.

FOR PARTICIPANTS WITH ASTHMA (If no asthma, strike out and write 'Not applicable')			
WHEN WAS YOUR LAST ASTHMA ATTACK?	HOW OFTEN DO YOU HAVE AN ASTHMA ATTACK?	HAVE YOU EVER BEEN HOSPITALISED WITH ASTHMA? WHEN?	WHAT FACTORS INDUCE YOUR ASTHMA?

Outward Bound recommends that participants who have any concerns about their asthma complete the Outward Bound (or other) **Asthma Action and Management Plan** (see page 5) in consultation with their Medical Practitioner and return a copy of it with this form.

MEDICATION:			Please Tick	YES	NO
Have you received any significant drug treatment in the past 5 years ?					
Are you regularly or currently taking ANY medicine, tablets, injections or other medications ?					
Will you BRING any medicine, tablets, inhalers etc. to the course ? If YES, see note below					
Do you require any assistance with the management or administration of medication?					
If you answered YES to ANY of the above MEDICATION questions, please give details below: (Attach extra pages if required)					
MEDICAL CONDITION	MEDICATION (drug)	DOSAGE	TIME OF ADMINISTRATION	SPECIAL ADMINISTRATION OR CARE REQUIRED (eg. refrigeration)	

NOTE: If you are taking prescribed medicine of any type, **please bring twice the amount normally needed**. The instructor/teacher will carry the spare supplies. If you require a critical &/or regular medication (e.g. for asthma), please bring **three** times the amount normally needed for the duration of the course. The participant will carry one third, the instructor/teacher one third, and the other third will be stored. If, after completing this form, you begin to use any form of medication, decide to bring medication along in case it is needed or if the dosage or administration of medication changes, **it is essential that the instructor be informed in writing prior to commencement of the course**. Please do not bring along unnecessary medications.

Additional notes:

AUTHORISATION AND PERSONAL DECLARATION

1. Exemption/disclaimer clause. I am aware that Outward Bound Australia (OBA) programs/activities involve adventurous outdoor activities in which I may have had no previous experience, and which may demand physical and mental effort in a variety of weather conditions and in rural/ remote geographic circumstances. I am also aware that in undertaking OBA programs/activities all care and responsibility will be taken by the Course Instructor, and I do participate at my own risk. I am also aware that it is a condition of my participation in such programs/activities that OBA, its directors, instructors, members, contractors, servants and agents are absolved from all liability howsoever arising from injury or damage howsoever caused (whether direct, indirect, consequential, special or otherwise) arising out of my participation in these programs/activities, except where such liability arises due to a negligent act or omission on the part of OBA.

2. In the event of medical or other problems arising during the program/activity, I agree to the information contained herein being made available to appropriate people rendering assistance or from whom advice may be appropriate. I understand that there may be significantly less medical, emergency response, domestic transport or any other type of facilities available, than in general everyday life.

3. I understand that OBA relies on the information provided in this document and it is important that it is accurate, complete and up to date to help ensure the wellbeing and safety of participants' during the program/activity. I understand that OBA shall not be responsible for damage suffered or contributed to by any act or omission arising out of any omission, inaccuracy or incompleteness in this form.

4. In case of injury or illness, I authorise OBA to obtain any medical attention deemed appropriate, including ambulances or other rescue transport, and agree to accept full financial responsibility for all medical and related expenses.

5. Research: I consent to Outward Bound Australia using any of my feedback or research data unless I tick the following box.

No

6. Publicity: I consent to Outward Bound Australia sending a Media Release to my local paper and using photos, information or quotes about my course for publicity purposes unless I tick the following box.

No

7. I accept and understand that OBA endorses anti-discrimination practises and is governed by current Australian Anti-Discrimination Policy. I acknowledge that my participation is consistent with this policy.

8. For All Participants:

In attending the OBA course, I understand and accept the following training conditions. I will:

- 1: Attempt everything to the best of my ability.
- 2: Respect myself, others and the environment.
- 3: Avoid unprescribed drugs, including tobacco and alcohol.
- 4: Follow all safety instructions.

Participant Name: _____ **Participant Signature:** _____

9. For Parents /Guardians (or Adult participants): *Please tick boxes and sign*

I acknowledge that I have read and understood all parts of this document and accept and understand paragraphs 1, 2, 3, 4, 5, 6, 7, and 8 above.

I have checked back over the form to ensure that it is complete in ALL respects. Any information inserted or provided on additional notes is also complete and accurate.

Parent/ Guardian (or adult participant) Name: _____

Parent/ Guardian (or adult participant) Signature: _____

DATE: ____/____/____

If participant is under 18, then an Adult (Parent or Guardian) must sign.

In confidence: **ASTHMA ACTION & MANAGEMENT PLAN**

If the participant suffers from asthma, please ensure that this form is completed, **preferably by the participant's doctor**. This will then form the basis of the treatment given to the participant by the School or Outward Bound staff.

- **Peak flow meters, spacers and Nebulisers** - Should the participant use any of these in their asthma management, **they must bring their own**.
- **Medication** - Please ensure that the participant **brings at least two sets of any medication** in case of loss of, or damage to, the first set.
- **Any other information** - please write details on the reverse, or attach another sheet.

Individual Asthma Action Plan

Participant Name: _____ Doctor's Name: _____

Doctor's Phone No: _____ Doctor's Signature: _____ Date: __ / __ / __

Condition	Peak flow reading? (% of usual best)	Action to take?		
		Medicine	Dose	Times/day
<ul style="list-style-type: none"> • No asthma symptoms • Able to do all usual activities • Usual medications control asthma well 	80 - 100% _____ to _____	_____	_____	_____
<ul style="list-style-type: none"> • About to commence physical exercise or water immersion 	80 - 100%	Add	_____	_____
<ul style="list-style-type: none"> • Night time wheeze, cough or chest tightness • Symptoms which interfere with exercise • Need extra doses of reliever medication 	50 - 80% _____ to _____	Add	_____	_____
<ul style="list-style-type: none"> • Severe shortness of breath • Inability to speak comfortably • Blueness of lips • A sudden and severe attack of asthma • Reliever is not reducing symptoms 	50% or less Less than _____	Add	_____	_____
<ul style="list-style-type: none"> • <u>No response</u> from the preceding treatments 		Action?		