

**WORTHINGTON FIELD STUDIES, INC.
SUMMER 2010 – PACIFIC NORTHWEST**

5. PARTICIPANT MEDICAL INFORMATION FORM

IF YOUR CHILD ALREADY HAS AN UP-TO-DATE PHYSICAL EXAMINATION FORM ON FILE IN THE SCHOOL OFFICE, THEN YOU ONLY NEED TO FILL OUT THE QUESTIONNAIRE PORTION OF THIS FORM AND OBTAIN A COPY OF THE PHYSICAL FORM ON FILE AT SCHOOL. HOWEVER, IF A PHYSICAL EXAMINATION FORM IS NOT ON FILE IN THE SCHOOL OFFICE, THEN HAVE YOUR DOCTOR COMPLETE AN EXAMINATION OF YOUR CHILD AND HAVE THIS FORM FILLED OUT BY THE PHYSICIAN. FORM IS DUE DURING MAY 2010.

STUDENT'S NAME _____ BIRTHDATE _____ HOME PHONE _____

AGE _____ GRADE _____ SEX _____ PLACE OF BIRTH _____

PARENT'S NAME _____ WORK PHONE _____

HOME ADDRESS OF STUDENT _____

MEDICAL HISTORY QUESTIONNAIRE:

ADDITIONAL INFORMATION:

- | | | | |
|-------------------------------------|-----|----|-------|
| 1. ALLERGIES TO BEE STINGS | YES | NO | _____ |
| 2. TAKING ANY PRESCRIBED MEDICINE | YES | NO | _____ |
| 3. WEARS GLASSES/CONTACT LENSES | YES | NO | _____ |
| 4. ALLERGIES TO FOODS | YES | NO | _____ |
| 5. ANY OTHER ALLERGIES | YES | NO | _____ |
| 6. FEAR OF HEIGHTS | YES | NO | _____ |
| 7. EPILEPSY | YES | NO | _____ |
| 8. DIABETES | YES | NO | _____ |
| 9. HIGH OR LOW BLOOD PRESSURE | YES | NO | _____ |
| 10. HYPOGLYCEMIA | YES | NO | _____ |
| 11. ASTHMA | YES | NO | _____ |
| 12. DIZZINESS | YES | NO | _____ |
| 13. HEADACHES | YES | NO | _____ |
| 14. SUN POISONING | YES | NO | _____ |
| 15. ULCERS | YES | NO | _____ |
| 16. CLAUSTROPHOBIA | YES | NO | _____ |
| 17. HEART PROBLEMS | YES | NO | _____ |
| 18. HEARING DIFFICULTIES | YES | NO | _____ |
| 19. SURGERY WITHIN THE LAST 2 YEARS | YES | NO | _____ |

20. DATE OF LAST TETNUS OR BOOSTER SHOT _____

Can the participant receive the following over-the-counter medications?

SUGGESTIONS IN PLACE OF THESE:

Extra Strength Tylenol Caplets	YES	NO	_____
Pepto-Bismol	YES	NO	_____
Sucrets throat lozenges	YES	NO	_____
Dramamine	YES	NO	_____
Actifed/Sudafed Antihistamine	YES	NO	_____
Topical Benadryl spray	YES	NO	_____
Cortaid Cream	YES	NO	_____
Kaopectate	YES	NO	_____
Topical Icy-Hot	YES	NO	_____

HEIGHT _____ WEIGHT _____ LBS. _____ B. P. _____ PULSE _____

RESPIRATION _____ EYES _____ HEARING _____

CARDIOVASCULAR _____ RESPIRATORY _____ LIVER _____

SPLEEN _____ HERNIA _____ MUSCULOSKELETAL _____ SKIN _____

NEUROLOGICAL _____

LABORATORY; URINALYSIS _____ OTHER _____

I certify that on the date below I examined this student and, that on the basis of this examination requested by the school authorities along with the medical history furnished to me, I found no reason which would make it medical inadvisable for this student to participate in a strenuous summer field studies course, knowing the student will be at altitudes of up to 13,000 feet and he/she will be experiencing temperatures of up to 120°F.

Physician's Signature _____ Phone _____

Physician's Address _____

Date of Examination _____

**IMPORTANT - PHYSICAL EXAMINATION
MUST BE COMPLETED AFTER JULY 24, 2009!**