

OKPIK HEALTH AND MEDICAL RECORD
(Meets BSA Class 3 Requirements)

CREW # _____

Name _____ Social Security # _____ *Date of Birth _____ Age _____
Address _____ Grade Completed (youth only) _____
City _____ State _____ Zip _____ Phone # (____) _____
Council Name _____ Unit # _____ Religious Preference _____

*The minimum age requirement for all participants of Northern Tier High Adventure Programs is thirteen years of age by date of arrival. These are the MINIMUM requirements. Participants for Dog Sled & Skiing expeditions must be 14 by day of arrival and for Cold Weather Training, 16 by day of arrival. Judgement about participation should be based on the above and the ability of the participant to take an extended wilderness trip. Crew advisors must be physically capable of cold weather camping in a remote wilderness.

PLEASE ATTACH PHOTOCOPY OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE".
Family Medical Insurance Co. _____ Policy # _____ Phone # (____) _____
Address of Insurance Co. _____ City, State, Zip _____

In Case of Emergency, Notify:

Name _____ Relationship _____
Address _____
Home Phone # (____) _____ Business Phone # (____) _____
Alternate Contact _____ Phone # (____) _____

This health and medical record, including limitations indicated, is valid for participation in the Northern Tier programs for 12 months after date completed by physician. Each participant is subject to a medical recheck at Northern Tier. Northern Tier recognizes the right of a Scout not to have immunizations because of religious beliefs, however, a statement signed by the parents is required indicating that the Scout is free from contagious disease and is able to physically tolerate the activities as described in this form and the "Expedition Planning Guide".

Northern Tier trail food is, by necessity, a high carbohydrate, high caloric diet. The trail food is high in wheat, milk products, peanuts, sugar and corn syrup, and artificial coloring/flavoring. All dinner meals contain meat. Some vegetarian alternatives may be available on request. Participants with dietary restrictions should contact Northern Tier and plan to bring supplemental food as necessary. This supplemental food must be appropriate for wilderness travel in freezing conditions and meet the ban on cans or bottles if traveling within the Boundary Waters Wilderness or Quetico Provincial Park.

PARTICIPANT HEALTH HISTORY

Are you now, or have you ever been treated for any of the following: (Answer "yes" or "no")

Sinus trouble _____ Kidney disease _____ Earaches/infections _____ Abdominal problems _____ Rheumatic fever _____
Hay fever _____ Tuberculosis _____ Fainting spells _____ Epilepsy _____ Asthma _____
Heart trouble _____ Diabetes _____ Frequent diarrhea _____ For Women: menstrual problems _____

Any mental illness _____ Explain _____

Allergies or reactions to any medication _____ Allergy to bee, wasp or hornet stings _____

Have you had more than a brief minor illness (24 hrs or more), injury or emotional difficulty during the past year? _____

If so, what? _____

Operations, serious injuries or hospitalization with date(s), for any reason _____

Any restriction of activity for medical reasons? _____ Explain _____

Have you taken any medication for more than two (2) weeks in the past year? (What?, Why?) _____

Are you now taking medication or treatment? (Why?) _____

List current medications and dosages below:

Table with 2 columns: Medication, Dosage. Includes blank lines for entry.

PARENT'S/GUARDIAN'S AUTHORIZATION - REQUIRED FOR THOSE UNDER 18 YEARS OF AGE.

I, the undersigned, have read and understand this entire form, including the sections entitled "PHYSICIAN PLEASE NOTE, THE NORTHERN TIER EXPERIENCE," AND "RECOMMENDATIONS REGARDING CHRONIC ILLNESSES." This health history of the applicant is accurate and complete and the person herein described has permission to engage in all Northern Tier activities described, except as specifically noted on this form by me or the physician. If I cannot be reached in an emergency, I hereby give permission for medical personnel, or the adult advisor in charge, to treat, hospitalize, secure anesthesia or to order injection, surgery or other treatment for the person described herein. The Northern Tier staff has permission to obtain all information connected with treatment by a physician, hospital or other treatment facility.

NOTE: BE SURE TO BRING NEEDED MEDICATION WITH YOU. YOU MAY WISH TO HAVE TWO SUPPLIES, GIVING A SPARE SUPPLY TO AN ADULT FOR SAFE-KEEPING

THE INFORMATION ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

APPLICANT SIGNATURE REQUIRED

DATE

PARENT/GUARDIAN SIGNATURE

DATE

REQUIRED IF APPLICANT IS UNDER 18 YRS OF AGE

MEDICAL EVALUATION

PHYSICIAN PLEASE NOTE:

- A. Northern Tier is a remote wilderness area where participants:
- Walk, ski or snowshoe along snow covered trails or across frozen lakes pulling loaded toboggans or sleds for up to 3 miles or more if on cross-country ski trek.
 - Experience temperature ranges from -40 to +40 degrees F.
- B. Professional care for injuries or illness:
- May take 2-12 hours or longer for direct assessment and evacuation
 - May be delayed by snowstorms, darkness, or other natural problems
- C. Please do not approve individuals for participation:
- Who have significant medical illness
 - Who have had recent musculoskeletal injuries
 - Who are at higher risk for cardiovascular disease

1. **PHYSICAL EXAMINATION:** Height _____ Blood Pressure _____

Weight _____ Maximum Recommended Weight for Height _____ (from chart, pg. 5)

An individual exceeding this limit should not participate.

	Normal		Abnormal		Range of Mobility:	Normal		Abnormal		Explain any Abnormalities Below:
Eyes					Knees (both)					
Ears					Ankles (both)					
Nose					Spine					
Throat					Emotional Adjustment					
Lungs										
Heart					Other:	Yes	No			
Abdomen					Contacts					
Genitalia					Dentures or Braces					
Skin					Inguinal Hernia					

2. **ALLERGIES:** (To what agent, type of reaction, treatment) _____

3. **IMMUNIZATION HISTORY:** (Required)
 Tetanus Toxoid (within 10 Years) Date of Last Inoculation _____
 Measles Inoculation _____ or history of disease _____

4. **RECOMMENDATIONS AND/OR RESTRICTIONS:**

- I certify that I have, today, reviewed the health history and examined this person and find him/her physically fit to participate in the Northern Tier program as outlined above and on page 3 of this form.
- Restrictions (if none, so state) _____

5. **PHYSICIAN'S SIGNATURE:** Physician licensed to practice medicine (MD, DO). An examination conducted by a certified physician's assistant, or a nurse practitioner will be recognized.

Signature _____
 Address _____
 City, State, Zip _____
 Office Phone # (_____) _____
 Date _____

STAMP

STAFF AT NORTHERN TIER RESERVES THE RIGHT TO DENY THE PARTICIPATION OF ANY INDIVIDUAL ON THE BASIS OF A PHYSICAL EXAMINATION AND/OR MEDICAL HISTORY.

THE OKPIK EXPERIENCE

(Supplemental information for the *Health and Medical Record* related to the OKPIK winter adventure programs)

The OKPIK winter adventure is physically, mentally, and emotionally demanding. Each person will be skiing or snowshoeing, usually while pulling a gear sled. Snow conditions can vary from relatively easy packed snow to deep powder or freezing slush. A trip may be easy going out to a remote site and very difficult returning after a heavy snowfall. An additional challenge is the possibility of doing this at temperatures as low as -40 to -50 degrees Fahrenheit.

The Northern Tier strives to minimize risks to participants by presenting pre-trek training, providing proper equipment and supplemental clothing and sending a trained staff member with each crew. Refer to the *OKPIK Advisor Planning Guide* for specific information. Each participant and crew is expected to follow these safety measures and to accept responsibility for the health and safety of each of its members.

RECOMMENDATIONS REGARDING CHRONIC ILLNESSES

Adults or youth who have any of the following should undergo a thorough evaluation by a physician before considering participation at OKPIK.

1. Angina (chest pain caused by heart or coronary artery disease)
2. Myocardial infarction (heart attack)
3. Cardiac surgery or angioplasty
4. Stroke or transient ischemic attacks
5. Claudication (leg pain with exercise caused by hardening of the arteries)
6. Cold-induced asthma
7. Family history of heart disease or sudden cardiac death
8. Excessive weight
9. Smoking
10. Poor physical conditioning

Physical exertion involved with Cold Weather camping may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the conditions listed above should have a physician-supervised stress test. A thallium stress test or stress echocardiogram is recommended for participants who have coronary artery disease. If the stress test results are abnormal, the individual is advised not to participate.

INSULIN DEPENDENT DIABETES MELLITUS

Strenuous exercise and type and amount of food eaten affect insulin requirements. Any participant with diabetes mellitus should be able to monitor personal blood glucose and to know how to adjust insulin dose based on these results. The participant with insulin dependent diabetes also should know how to give a self-injection. Both the participant with diabetes and the adult advisor should be able to recognize symptoms of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and to recognize symptoms of excessively low blood sugar (hypoglycemia). The participant with diabetes and the adult advisor should know the appropriate initial responses for these conditions. It is recommended that the participant with diabetes and also the adult advisor carry insulin supplies on the trip (in case of loss or accident). Insulin needs to be carried next to the body under the clothing layers to protect from freezing in OKPIK programs. A person with a history of difficult control of blood glucose should not participate at OKPIK until adequate control of diabetes has been achieved.

SEIZURES (EPILEPSY)

A seizure disorder or epilepsy does not exclude an individual from participation at OKPIK; however, the seizure disorder should be completely controlled with medication. A minimum one-year seizure free is considered adequate control. Statement from the participant's attending neurologist will be required if less than one year free of seizures exists.

ASTHMA

Participants with a history of asthma must have good control of symptoms and complete familiarity with medication management. The adult advisor is expected to also be familiar with the participant's asthma history and medication. Adequate supplies including extra bronchodilator medications are required. Inhalers need to be kept next to the skin under clothing layers to protect from extreme cold temperatures. It is recommended that adult advisor keep extra medication in case of loss or accident. Asthma that requires oral corticosteroid treatment or has resulted in multiple hospital admissions should preclude participation at OKPIK.

RECENT MUSCULOSKELETAL INJURY AND ORTHOPEDIC SURGERY

The intense physical exertion of moving over ice or through snow and/or slush while pulling gear in extreme cold temperatures requires good muscle and joint function. Recent significant musculoskeletal injury or orthopedic procedure will require a letter of clearance from the participant's physician.

PSYCHOLOGIC AND EMOTIONAL DIFFICULTIES

Individuals with a history of psychologic and emotional difficulties are not necessarily precluded from participation at OKPIK. Experience indicates that these problems are generally magnified, not lessened, when a participant is subjected to the physical and mental challenges in a harsh cold-weather setting. Under no circumstances should medication used to help manage these conditions be stopped immediately prior to attendance at OKPIK. This applies as well to participants with a history of Attention Deficit/Hyperactivity Disorder (ADHD) who are normally treated with medication. The adult advisor needs to be familiar with the participant's history and medication management.

MEDICATIONS

Each participant at Northern Tier who has a condition requiring medication should bring an appropriate supply. In certain circumstances duplicate or even triplicate supplies of vital medications may be appropriate. Consult your physician to determine the effect cold weather may have on your medications or effects your medications may have on you in cold-weather conditions.

RISK ADVISORY

Northern Tier and OKPIK programs have had an excellent safety record for over 78 years. Most participants at Northern Tier programs do not experience injuries because they are prepared, are conscious of risks and take safety precautions. If you decide to attend OKPIK, you should be physically fit, have proper clothing and equipment, be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety. For further information please thoroughly read the *OKPIK Advisor Planning Guide* and other materials provided to you.

Like any high adventure activity, the OKPIK program is not risk free. Some specific risk factors of the OKPIK program include the possibility of extreme cold temperatures, frostbite, hypothermia, falling through lake ice, traveling on slippery surfaces and dehydration.

You must be prepared to listen to safety instructions carefully, follow directions, and take appropriate steps to safeguard yourself and others. Crew members travel together at all times. Emergency communications via radio, and/or evacuation can be hampered by weather, terrain, distance and other factors, and is not a substitute for taking appropriate precautions and having adequate first aid knowledge and equipment. The Northern Tier OKPIK Staff are trained in basic first aid and accident prevention, and will provide assistance to the adult advisor. **The adult advisor has primary responsibility for management of emergency situations.**

NORTHERN TIER WEIGHT LIMITS FOR COLD WEATHER

Each participant in a Northern Tier expedition **should not exceed** the maximum acceptable weight-to-height table shown below. Those who fall within the recommended weight limits are much more likely to have an enjoyable trek and avoid incurring injuries and health risks. Extra weight puts strain on the back, joints, and feet. The trails can be very snow covered and **icy** and present a potential for tripping and falling.

We also strongly recommend that no participant be less than 100 lbs. in weight. Extremely small participants will have a very difficult time staying warm.

Height	Recommended Weight	Maximum Weight
5'0"	100-138 lbs.	166 lbs.
5'1"	101-143	172
5'2"	104-148	178
5'3"	107-152	183
5'4"	111-157	189
5'5"	114-162	195
5'6"	118-167	201
5'7"	121-172	207
5'8"	125-178	214
5'9"	129-185	220
5'10"	132-188	226
5'11"	136-194	233
6'0"	140-199	239
6'1"	144-205	246
6'2"	148-210	252
6'3"	152-216	260
6'4"	156-222	267
6'5"	160-228	274
6'6"	164-234	281
6'7" +	170-240	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Department of Agriculture and the Department of Health and Human Services