Health Information

All AMGCSI guests must complete this form and send it in prior to their trip. The information indicated below is not only important should you have a medical emergency during your trip, but also helps our guides prepare for the trip.

Guest's Name _____ Trip Name _____

(___)_____ (___)_____
Daytime or Temporary Phone (circle one) Permanent Phone

Gender _____ Age _____ Date _____

AMGCSI Expedition Information

Alaska Mountain Guides and Climbing School Inc. (AMGCSI) trips are wilderness expeditions, varying in length from five days to three months. AMGCSI expeditions operate in remote areas where evacuation to modern medical facilities may be delayed.

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 may vary and specific trips/courses may reach up to 23,000ft. 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 AMGCSI expedition, guests may 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.

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

Prior physical conditioning and an enthusiastic mental attitude are a necessity. Guests may find an AMGCSI trip 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 guest's enrollment. If we have any questions on the guest's capacity to successfully complete the trip we will call the guest to discuss it.

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? NO
Is the asthma well controlled with an inhaler? NO
If so, please have the guest bring inhaler(s) with them for their course.
What triggers an attack? Last episode? Ever hospitalized? _____

2. Gastrointestinal disturbances? NO
3. Diabetes? NO
Examiner's specific comments: _____

4. Bleeding, DVT (deep vein thrombosis) or blood disorders? NO
5. Hepatitis or other liver disease? NO
Examiner's specific comments: _____

6. Neurological problems? Epilepsy? NO
7. Seizures? NO
8. Dizziness or fainting episodes? NO
9. Migraines? Medications, frequency, are they debilitating? NO
6-9. Describe frequency, date of last episode, and severity. ? _____

10. Disorders of the urinary or reproductive tract? NO
11. Any disease? NO
12. Do you see a medical or physical specialist of any kind? NO
IF "yes" please specify the issue(s) and provide name/address of specialist. _____

Questions 13 and 14 are for Female Guests Only:

13. Treatment or medication for menstrual cramps? NO
14. Are you pregnant? NO

Examiner's specific comments: _____

15. Hypertension? NO
16. Cardiac problems? Unexplained chest pain? NO

Examiner's specific comments: _____

Muscle/Skeletal Injuries/Fractures

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? NO

Type of injury or surgery? When did the injury or surgery occur? _____

Is there full ROM? Full Strength? NO

What is the most rigorous activity participated in since the injury/surgery. Results? _____

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? NO

Type of injury or surgery? When did the injury or surgery occur? _____

Is there full ROM? Full Strength? NO

What is the most rigorous activity participated in since the injury/surgery. Results? _____

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? NO
Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level): _____

21. Do you have any physical, cognitive, sensory, or emotional condition that would require a special teaching environment?
If yes, please describe how the condition effects you: NO

Personal History (Counseling/Psychiatric/Learning Disabilities)
AMG 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. Have you had treatment, counseling or hospitalization with a mental health professional? NO

23. Are you currently in treatment or counseling? 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. Are you allergic to any foods? NO
Describe:

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

28. Allergic to insect bites or bee stings? NO
If appropriate, please bring Epi Pens or Twinjects.
Specific comments:

29. Any other allergies? NO
Specific comments:

30. Water may be disinfected with iodine. Do you have a Thyroid condition? NO

Medications

31. Are you allergic to any medications? NO
If yes, please list:

32. Do you plan to take any prescription or non-prescription medications on the course? NO

AMGCSI trips travel in remote areas where access to medical care may be one or more days away. The guest must understand the use of any prescription medications they may be taking. Written specific instructions are necessary. All guests 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?

If Medication or Condition Changes Prior to Trip Start, Please inform AMGCSI.

Field staff may administer the following over the counter medications at the appropriate dosage if a guest indicates the need for a particular medication (other medications may apply as appropriate). Please indicate if guest have any allergies or contraindications to the following medications.
Aspirin, Acetaminophen, Ibuprofen, Pseudoephedrine, Diphenhydramine, Pepto Bismol, Imodium, Tolnaftate (external only)
Monistat-1, Orobase, Cavit, Activated Charcoal

_____

_____

Field staff may administer the following prescription medications and their appropriate dosage if a guest indicates the need for a particular medication (other medications may apply as appropriate). Administration of these medications will be checked off by the AMGCSI medical director. Please indicate if you have any allergies or contraindications to the following medications.
Ciproflaxin , Azythromax, Nifidipene, Acetozolamide, Dexamethasone.

_____

_____

Cold, Heat, Altitude
33. History of frostbite or Raynaud's Syndrome? NO

34. History of acute mountain sickness, high altitude pulmonary/cerebral edema? NO
When did the illness occur?_____
_____
_____
_____

35. History of heat stroke or other heat related illness? 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. Has your doctor indicated you are overweight? Underweight? NO
If so how much? _____

38. Swimming ability (Water based programs only - CIRCLE ONE):

Non-swimmer Recreational Competitive

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

Last Tetanus Inoculation	Height	Weight
_____	_____	_____

Participant/Guardian's Name	Phone
_____	_____

Participant/Guardian's 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 an AMGCSI trip 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 AMGCSI carries in the field and noted any exceptions.

Participant Health Form Waiver and Release

I, _____, have signed up for a trip ("Program") that is being conducted by Alaska Mountain Guides and Climbing School Inc., Alaska Mountain Guides International Inc, Alaska Mountain Guides Adventures Inc., and Chilkat Guides. (collectively referred to as the "AMG Companies"). I understand that AMG Companies require a health form signed off by a certified medical professional ("Certified Health Form") in order to participate in this program so that AMG Companies are able to provide the appropriate information to first aid and medical professionals in the event of an emergency. By signing this document, I acknowledge that AMG Companies may not have accurate information concerning my health. This may affect the quality of medical treatment I would receive in the event of a medical emergency.

In consideration for the services that the AMG Companies are providing to me, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless on behalf of myself and my heirs, assigns, and personal representative and estate the AMG Companies from any and all claims, demands, or causes of action which might arise from not submitted a Certified Health Form prior to my participation in the Program.

Should the AMG Companies or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. I further agree that if I file a lawsuit against the AMG Companies pertaining to any and all claims, demands, or causes of action that might have arisen as a result of not submitting a Certified Health Form to AMG Companies, jurisdiction and venue shall be in the First Judicial District of Alaska in Juneau, Alaska and that the law of the State of Alaska shall apply in such a lawsuit without regard to conflict of law principles of the State of Alaska.

I have had sufficient opportunity to read this entire document, have read and understood it and agree to be bound by its terms, and have had the opportunity to review this agreement with counsel of my choosing.

Student/Participant Signature:_____ Date: _____

Printed Name of Student/Participant:_____

Address: _____

Phone: _____

PARENT OR GUARDIAN ENDORSEMENT AND INDEMNIFICATION (must be completed if student/participant is less than 18 years of age)

In consideration of _____ (minor's name) being permitted to take part in the Program offered by the AMG Companies, I further agree to indemnify and hold harmless the AMG Companies, their agents, owners, volunteers, participants, employees and all other persons or entities acting in any capacity on the behalf of the AMG Companies, from any and all claims, demands, or causes of action which are brought by, or on behalf of, the minor student/participant identified herein and which accrued as a result of not submitting a Certified Health Form to AMG Companies prior to Program.

Parent or Guardian _____ Date:_____

Printed Name:_____