

HEALTH AND MEDICAL RECORD

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 trip. This is the MINIMUM requirement. 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 canoe 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 # (____) _____

Northern Tier will contact the person listed above in the event of an emergency or accident as deemed necessary by Northern Tier management. 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 other written materials.

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 without refrigeration 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:

| Medication | Dosage |
|------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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:
- Carry 50-80 lb. Packs or canoes from 1/4 to 2 miles several times a day on rough, swampy, and rocky portages
 - Paddle 10-15 miles a day, often against a head wind
 - Experience temperature ranges from 30 to 100 degrees F.
- B. Professional care for injuries or illness:
- May take 6-48 hours or longer for direct assessment and evacuation
 - May be delayed by thunderstorms, 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 _____ Pulse _____

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

An individual exceeding this limit may have significant difficulty in participation or increased risk of injury.

| | 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.

Printed Name _____
 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 NORTHERN TIER EXPERIENCE

A Northern Tier wilderness canoe expedition is a very rigorous experience and is physically, mentally, and emotionally demanding. Each person will carry a 50 to 85 lb. pack or canoe over portages as long as one mile or more, and paddle 10 to 15 miles per day. Climatic conditions can range from 30 to 100 degrees F. Canoeing, portaging, and camping include activities that may have potential for injury. Northern Tier strives to minimize risks to participants and advisors by emphasizing proper safety precautions. Refer to the **Northern Tier Expedition Planning Guide** or **Voyageur Handbook** for specific information. Northern Tier staff instructs participants in safety measures to be followed. 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 Northern Tier.

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. Family history of heart disease or sudden cardiac death
7. Excessive weight
8. Smoking
9. Poor physical conditioning

Physical exertion involved with canoe 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 can be carried in a small thermos to protect against temperature extremes. A person with a history of difficult control of blood glucose should not participate at Northern Tier until adequate control of diabetes has been achieved.

SEIZURES (EPILEPSY)

A seizure disorder or epilepsy does not exclude an individual from participation at Northern Tier; however, the seizure disorder should be completely controlled with medication. A minimum one-year seizure free is considered adequate control. Statement from the participants 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. It is recommended that extra medication in case of loss or accident be kept by the adult advisor. Asthma that requires oral corticosteroid treatment or has resulted in multiple hospital admissions should preclude participation at Northern Tier.

RECENT MUSCULOSKELETAL INJURY AND ORTHOPEDIC SURGERY

The intense physical exertion of paddling and portaging heavy gear over irregular terrain 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 Northern Tier. Experience indicates that these problems are generally magnified, not lessened, when a participant is subjected to the physical and mental challenges in a remote wilderness setting. Under no circumstances should medication used to help manage these conditions be stopped immediately prior to attendance at Northern Tier. 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.

BEE, WASP, OR HORNET STING ALLERGY

Participants with history of allergic reaction to bee, wasp, or hornet stings must bring an Epi-Pen, Ana-Kit, or equivalent with them to Northern Tier. The adult advisor must also be familiar with this history and with appropriate use of the kit.

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. Duplicate supplies should be stored in separate packs.

RISK ADVISORY NORTHERN TIER HIGH ADVENTURE BASES

Northern Tier has an excellent health and safety record for over 80 years. Northern Tier strives to minimize risks to participants and advisors by emphasizing appropriate safety precautions. 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 Northern Tier, 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 **Northern Tier Expedition Planning Guide** which will be supplied to your advisor, and the **Voyageur Handbook** supplied to all participants.

Like other wilderness areas, the Northern Tier canoeing and camping wilderness areas are not risk free. You must be prepared to listen to safety instructions carefully, follow directions, and take appropriate steps to safeguard yourself and others. Personal flotation devices are worn at all times when on the water. Crew members travel together at all times. Emergency communications via radio, and in more remote locations by satellite phone, are provided by Northern Tier. Radio communication and/or emergency evacuations can be hampered by weather, terrain, distance, equipment malfunction and other factors, and is not a substitute for taking appropriate precautions and having adequate first aid knowledge and equipment. Northern Tier Interpreter Staff are trained in first aid, Basic Life Support, and accident prevention, and can provide assistance to the adult advisor The adult advisor has primary responsibility for management of emergency situations.

MEDICATION FORM

List all medication currently used. Include any occasionally used medication such as inhalers or EpiPens.

Participant's Name _____

Expedition # _____

| |
|--|
| Medication: _____ |
| Strength: _____ |
| Frequency: _____ |
| Reason for taking this medication: _____ |
| _____ |
| Approximate date started: _____ |
| Temporary: _____ Permanent: _____ |
| Side effects _____ |
| _____ |
| Storage instructions (if any): _____ |
| _____ |
| Name of prescribing physician: _____ |
| Physician's phone #: _____ |

| |
|--|
| Medication: _____ |
| Strength: _____ |
| Frequency: _____ |
| Reason for taking this medication: _____ |
| _____ |
| Approximate date started: _____ |
| Temporary: _____ Permanent: _____ |
| Side effects _____ |
| _____ |
| Storage instructions (if any): _____ |
| _____ |
| Name of prescribing physician: _____ |
| Physician's phone #: _____ |

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|--|
| Medication: _____ |
| Strength: _____ |
| Frequency: _____ |
| Reason for taking this medication: _____ |
| _____ |
| Approximate date started: _____ |
| Temporary: _____ Permanent: _____ |
| Side effects _____ |
| _____ |
| Storage instructions (if any): _____ |
| _____ |
| Name of prescribing physician: _____ |
| Physician's phone #: _____ |

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|--|
| Medication: _____ |
| Strength: _____ |
| Frequency: _____ |
| Reason for taking this medication: _____ |
| _____ |
| Approximate date started: _____ |
| Temporary: _____ Permanent: _____ |
| Side effects _____ |
| _____ |
| Storage instructions (if any): _____ |
| _____ |
| Name of prescribing physician: _____ |
| Physician's phone #: _____ |

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|--|
| Medication: _____ |
| Strength: _____ |
| Frequency: _____ |
| Reason for taking this medication: _____ |
| _____ |
| Approximate date started: _____ |
| Temporary: _____ Permanent: _____ |
| Side effects _____ |
| _____ |
| Storage instructions (if any): _____ |
| _____ |
| Name of prescribing physician: _____ |
| Physician's phone #: _____ |

| |
|--|
| Medication: _____ |
| Strength: _____ |
| Frequency: _____ |
| Reason for taking this medication: _____ |
| _____ |
| Approximate date started: _____ |
| Temporary: _____ Permanent: _____ |
| Side effects _____ |
| _____ |
| Storage instructions (if any): _____ |
| _____ |
| Name of prescribing physician: _____ |
| Physician's phone #: _____ |

NORTHERN TIER WEIGHT LIMITS FOR CANOEING

It is strongly recommended that 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 portage trails can be very muddy , slippery, and rocky 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 carrying canoes and heavy packs.

The load limits of the canoes is another important reason to limit participant weight. We put 3 people per canoe. The total participant load per canoe **must not exceed** 600 lbs. (an average of 200 lbs. per participant).

| 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