



**Alaska Mountain Guides  
& Climbing School Inc.**

## Health Form

All AMGCSI guests must have this form filled out by your physician, F.N.P., or P.A. in order to participate in one of our trips.

_____		_____	
Guest's Name		Trip Name	
_____		_____	
( )	( )		
Daytime or Temporary Phone (circle one)		Permanent Phone	
_____			
Gender	Age	Date	

### **AMGCSI Expedition Information for the Medical Professional**

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 take days.

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 for backpacking courses range from sea level to 12,000 feet. Peak climbs on mountaineering courses may be as high as 14,000 feet. Some mountaineering expeditions may reach elevations of 23,000 feet. 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, students will 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 disinfects all wilderness water with iodine, chlorine, chlorine dioxide, Miox pen, UV pen or by boiling. Not all of these methods are effective against cryptosporidium. Immuno compromised people may wish to obtain an appropriate water filter for their course.

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

Prior physical conditioning and an enthusiastic mental attitude are a necessity. Guests 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.

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**All guests are REQUIRED to bring the following medications:**  
 1 course of board-spectrum antibiotics that is effective for upper respiratory problems.  
 1 course of board-spectrum antibiotics that is effective for GI problems.

Guests on courses going about 15,000ft or 4,200m are also REQUIRED to have the following high altitude medications:  
 Acetazolamide (Diamox) and Dexamethasone (Decadron). Also, Nifedipine (Procardia) is optional.

### Physician, F.N.P. or P.A.:

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? YES NO  
 Is the asthma well controlled with an inhaler? YES 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? YES NO  
 3. Diabetes? YES NO

Examiner's specific comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Bleeding, DVT (deep vein thrombosis) or blood disorders? YES NO  
 5. Hepatitis or other liver disease? YES NO

Examiner's specific comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Neurological problems? Epilepsy? YES NO  
 7. Seizures? YES NO  
 8. Dizziness or fainting episodes? YES NO  
 9. Migraines? Medications, frequency, are they debilitating? YES NO

6-9. Describe frequency, date of last episode, and severity. ? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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10. Disorders of the urinary or reproductive tract? YES NO
11. Any disease? YES NO
12. Does this person see a medical or physical specialist of any kind? YES 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? YES NO
14. Is she pregnant? YES NO
- Examiner's specific comments: \_\_\_\_\_

15. Hypertension? YES NO
16. Cardiac problems? Unexplained chest pain? YES NO
- Examiner's specific comments: \_\_\_\_\_

### Cardiac Screening:

A stress ECG is required if the applicant is:	Cardiac Risk Factors
1. Over 35 years old and has 2 cardiac risk factors. 2. Over 50 years old and has 1 cardiac risk factor. 3. Over 50 years old and leads a sedentary lifestyle. 4. Any age with a known heart condition. Please provide a written note from your doctor stating the date of the stress ECG and the results	<ul style="list-style-type: none"> <li>• High blood pressure</li> <li>• Diabetes</li> <li>• Current or prior cardiovascular disease</li> <li>• High blood cholesterol</li> <li>• Family history of heart disease (family member who's had a heart attack at less than 55 years of age.)</li> <li>• Smoking</li> </ul>

The stress ECG requirement may be waived for applicants who are over 50 years of age with no cardiac risk factors and who are in good physical condition. **Their physician must note that the participant has a) no cardiac risk factors and b) excellent cardiac health on page 6 of this form.**

### Muscle/Skeletal Injuries/Fractures

Does this person currently have or does he/she have a history within the past 3 years of:

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17. Knee, hip or ankle injuries (including sprains) and/or surgery? YES NO  
Type of injury or surgery? When did the injury or surgery occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there full ROM? Full Strength? YES NO  
What is the most rigorous activity participated in since the injury/surgery. Results? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examiner's 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? YES NO  
Type of injury or surgery? When did the injury or surgery occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there full ROM? Full Strength? YES NO  
What is the most rigorous activity participated in since the injury/surgery. Results? \_\_\_\_\_  
\_\_\_\_\_

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

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21. Does this person have any physical, cognitive, sensory, or emotional condition that would require a special teaching environment? YES NO

If yes, please describe how the condition effects you: \_\_\_\_\_  
\_\_\_\_\_

### 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. Has he/she had treatment, counseling or hospitalization with a mental health professional? YES NO

23. Is he/she currently in treatment or counseling? YES NO

24. Reasons for treatment or counseling? (please circle)

- |                                     |                       |
|-------------------------------------|-----------------------|
| suicide                             | ADD/ADHD              |
| substance abuse/chemical dependency | family issues/divorce |
| eating disorder (anorexia/bulimia)  | depression            |
| academic/career                     | 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. Is he/she allergic to any foods? YES NO

Describe: \_\_\_\_\_  
\_\_\_\_\_

27. Are there any dietary restrictions? Please specify YES NO  
vegetarian                      vegan                      other

28. Allergic to insect bites or bee stings? YES NO

If appropriate please bring 2-3 Epi Pens or Twinjects.  
Examiner's specific comments: \_\_\_\_\_  
\_\_\_\_\_

29. Any other allergies? YES NO

Examiners Specific comments: \_\_\_\_\_  
\_\_\_\_\_

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30. Water may be disinfected with iodine. Is iodine contraindicated? YES NO

### MEDICATIONS

31. Is he/she allergic to any medications? YES NO

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Does this person plan to take any prescription or non-prescription medications on the course? YES 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 has any allergies or contraindications to the following medications.**  
Aspirin, Acetaminophen, Ibuprofen, Pseudoephedrine, Diphenhydramine, Pepto Bismol, Imodium, Tolnaftate (external only)  
Monistat-1, Orobace, 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 the guest has any allergies or contraindications to the following medications.**  
Ciproflaxin , Azythromax, Ultram, Nifidipene, Acetazolamide, , Dexamethasone.

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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.

**COLD, HEAT, ALTITUDE**

33. History of frostbite or Raynaud's Syndrome? YES NO  
34. History of acute mountain sickness, high altitude pulmonary/cerebral edema? YES NO  
When did the illness occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. History of heat stroke or other heat related illness? YES 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. Is this person overweight? Underweight? If so how much? \_\_\_\_\_ YES NO  
38. Swimming ability (CHECK ONE): Non-swimmer Recreational Competitive

**Physical examination**

Physician must read and fill out pages 1-6. **Physical examination data cannot be more than a year old from the starting date of the AMGCSI trip.** (Please type or print legibly)

**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.

\_\_\_\_\_  
Blood Pressure Pulse Last Tetanus Inoculation Height Weight

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General Appearance, Impressions and Comments: (If applicable, address cardiac health. See Question #16.):

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Examiner's Name \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician, F.N.P. or P.A. 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.**

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