

# Whitman College Outdoor Program

## Health and Diet Questionnaire

**Please return this form to:**

Whitman College Outdoor Program  
Walla Walla, WA 99362  
(509) 527-5965

*This information is for the trip leaders' information only and is completely confidential*

Name: \_\_\_\_\_ OP Trip: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  Male  Female  
Address (at school): \_\_\_\_\_ Phone (school): \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (permanent): \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

### OP Trip Information

Whitman College Outdoor Program Trips can be multi-day wilderness expeditions in remote settings, where evacuation to modern hospital facilities is not immediately possible. You must expect extreme weather conditions ranging from snow storms to sleet to extreme heat and humidity. Sudden environmental changes are to be expected and anticipated. Depending on what activity you pursue in your OP Trip, you may be required to carry a heavy load up uneven, steep terrain; paddle for extended periods; sleep outdoors; experience long, tough days; and prepare meals and set up camp. Be sure that you are able to be responsible for yourself.

**Participant:** Please circle YES or NO for each question. Each must be answered, but keep in mind that a "YES" answer does not necessarily mean you will not be able to attend your OP Trip.

### General Medical History

*Do you currently or have you ever had:*

- |  |         |    |
|--|---------|----|
| 1. Respiratory problems? Asthma?                               | 1. YES  | NO |
| 2. Gastrointestinal disturbances?                              | 2. YES  | NO |
| 3. Diabetes?   | 3. YES  | NO |
| 4. Hypertension?   | 4. YES  | NO |
| 5. Bleeding or blood disorders?                                | 5. YES  | NO |
| 6. Hepatitis or other liver diseases?                          | 6. YES  | NO |
| 7. Neurological problems? Epilepsy?                            | 7. YES  | NO |
| 8. Seizures?   | 8. YES  | NO |
| 9. Dizziness or fainting episodes?                             | 9. YES  | NO |
| 10. Treatment or medication for menstrual cramps?              | 10. YES | NO |
| 11. Disorders of the urinary or reproductive tract?            | 11. YES | NO |
| 12. Any other health complaint? _____                          | 12. YES | NO |
| 13. Do you see a Medical/Physical specialist of any kind?      | 13. YES | NO |
| 14. Are you pregnant?  | 14. YES | NO |
| 15. Treatment or counseling with a mental health professional? | 15. YES | NO |
| 16. Cardiac problems?  | 16. YES | NO |

### Diet

17. Are you a vegetarian? 17. YES NO  
If yes, how strict are you? (will you eat fish or chicken? Are you vegan?)

18. If you are vegetarian or vegan, please list some of the meals that you particularly enjoy: \_\_\_\_\_

19. Please list any foods that you particularly despise: \_\_\_\_\_

**Muscle/Skeletal Injuries**

Do you currently or have you ever had:

20. Knee, hip, ankle, shoulder, arm, or back injuries (including sprains) and/or operations?

If so, please explain: \_\_\_\_\_

**Allergies/Medications**

21. Any allergies? To insect bites or bee stings? 21. YES NO

If yes, please list them, along with their severity: \_\_\_\_\_

22. Are you allergic to any medications? 22. YES NO

23. Are you currently taking any medications? 23. YES NO

Medication	Dosage	Side Effects/Restrictions

24. Year of last tetanus immunization: \_\_\_\_\_. If you cannot remember, was it within the past five years? 24. YES NO

*A current tetanus immunization is recommended by the Whitman College Outdoor Program*

25. Do you have a history of frostbite or Acute Mountain Sickness? 25. YES NO

26. Do you have a history of heat stroke or other heat related illness? 26. YES NO

**Fitness**

27. Do you exercise regularly? 27. YES NO

Activity	Frequency	Duration/Distance	Intensity Level (easy/moderate/competitive)

28. Do you smoke? If so, how much? 28. YES NO

29. Swimming ability (CHECK ONE): \_\_\_ Non-swimmer \_\_\_ Recreational \_\_\_ Competitive

**Other**

30. Please describe any medical conditions that could affect your performance on a Scramble that we should be aware of: \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN**

The information provided above is a complete and accurate statement of any physical and psychological conditions which may affect my participation in this trip. I realize that failure to disclose such information could result in serious harm to me and fellow participants. I agree to inform the Whitman College Outdoor Program (WCOP) should there be any change in my health status prior to the start of the trip. On the basis of the background information at the beginning of this form, and what I know or suspect about my physical and psychological health, I am fully capable of participating in this OP Trip. I understand that if I have the potential for a severe allergic reaction to bee stings, insect bites, food, poison oak, or other substances that might be found in the outdoor, it is my responsibility to bring the proper medication with me on this trip.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_