### Geoscience in the Field

### Field Trip Medical Form

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The information you provide below will be kept confidential and only shared with health care professionals providing care to you. If you would rather leave answers blank and verbally disclose to either professor, we are happy to do that. This information will help the success of the field trip and increase your safety in unexpected situations.

Personal Information

Full name: [answer here]

Cell phone number: [answer here]

Email: [answer here]

Health Insurance Company

Policy # [answer here]

Group # [answer here]

Phone # [answer here]

If any, please describe your level of medical training (e.g. CPR, Basic First Aid, WFR, etc).

[answer here]

Emergency Contact 1

Name: [answer here]

Relationship: [answer here]

Phone Number: [answer here]

Email: [answer here]

Emergency Contact 2

Name: [answer here]

Relationship: [answer here]

Phone Number: [answer here]

Email: [answer here]

Medical History

Do you have a history of any of the following? Please highlight any relevant issues.

Diabetes

High blood pressure

Heart disease/ murmur/ chest pain

Asthma

Lung or respiratory disease

Ear/eye/nose/sinus issues

Musculoskeletal issues

Head injury/concussion

Altitude sickness

Psychiatric or emotional issues

Behavioral/neurological issues

Blood disorders

Fainting spells/dizziness

Kidney disease

Seizures

Abdominal/gastronomical issues

Thyroid disease

Excessive fatigue

Sleep disorders

Other: [answer here]

If any, current medical issues and/or ongoing treatments: [answer here]

Do you have any physical mobility concerns that may be relevant for the field trip? If so, please explain. [answer here]

Mental Health

Do you have a history of any of the following? Please circle relevant issues.

Medications

Outpatient Counseling

Day Treatment

Psychiatric Hospitalization

Residential Treatment

Other: [answer here]

Do you have any cognitive, sensory, or emotional condition(s), such as anxiety, ADD, depression, or learning disabilities, which would require special consideration or accommodation? [answer here]

Allergies

Do you have allergies to any foods, medications, insects, plants, skin products (e.g., sunscreen)? If so, please describe the symptoms, severity, and treatment for each. [answer here]

Medications

Do you take any medications regularly? Please describe the dosage, frequency, side effects, issues if you miss a dose, and special considerations (e.g. epi-pens need to stay above freezing). [answer here]

**Please bring 1.5x your normal quantity in case of damage or loss of your medication.**

COVID-19 history

Have you had COVID-19 in 2022? [answer here]

If so, when? [answer here]

Are you up-to-date on COVID-19 vaccinations? [answer here]