



PHYSICIAN QUESTIONNAIRE 2021/2022

The Valhalla Wilderness Program is a full year (8 credits) academic program that integrates curriculum with wilderness studies and outdoor living skills. This is a very demanding program that requires students to be physical and mentally fit.

Your responses to the following questions will enable us to ensure that the students we select are well suited for the program and are likely to be successful. Please be frank and honest in providing the appropriate information so we can develop a clear picture of the individual who is applying to our program. Thank you for taking the time to complete this questionnaire.

Applicant's Name: _____ Date of exam: _____

Physician's Name: _____

Clinic: _____

Phone: _____

PART A: (Student to complete)

1. Do you have any present medical issues?YesNo. If yes, please provide details.

2. Does your health prevent you from participating in any physical activity?
....Yes.....No. If yes, please provide details.

3. Do you smoke?Yes.....No

4. Do you have asthma or shortness of breath?YesNo

5. Have you ever had seizures?YesNo

6. Do you have any allergies?YesNo. If yes, please provide details.

7. Do you require a special diet? YesNo

8. Do you have problems with your neck, back, knees or joints that limit your present activities or may limit course activities (i.e. carrying a 30-50 lbs backpack)YesNo

Please provide details.

9. Please describe the physical activity you do on a regular basis, including frequency and duration, if applicable.

10. Please describe any other conditions that may have a bearing on your health, or yhour ability to participate in the Valhalla Wilderness Program.

PART B: (Doctor to complete)

This student has applied for entry into the Valhalla Wilderness Program at W.E. Graham Community School in Slocan, BC. Students enrolled in this program will participate in many physically and mentally challenging activities. These activities may include (but may not be limited to) climbing, cycling, hiking, canoeing, skiing and snowboarding. Students will be sleeping outdoors, carrying heavy outdoor packs, cooking meals, travelling over uneven terrain, and setting up camps. Students will encounter adverse weather conditions such as cold temperatures (-25F), wind, intense sunlight, snow storms, etc. Some of our trips will occur in remote areas where evacuation to modern medical facilities could take days.

In the interest of the personal safety of both the applicant and the other students in the program, please consider your responses to the following questions carefully. A “Yes” answer does not automatically eliminate a student from the program. The validity and detail of the information that you provide for us will greatly affect the quality of care we can offer.

Does the applicant currently have or does he/she have a history of:

	Yes	No
Respiratory problems/Asthma		
Gastrointestinal disturbances		
Diabetes		
Hypertension		
Bleeding or blood disorders		
Hepatitis or other liver diseases		
Neurological problems		
Epilepsy		
Seizures		
Dizziness/fainting episodes		
Cardiac problems		
Treatment or medication for menstrual cramps		
Disorders of the urinary or reproductive tract		
Any other disease (if so, please explain)		
Does this applicant see a medical or physical specialist of any kind?		

Date of last tetanus shot: _____

*Tetanus shot must be current to enter this program.

MUSCLE/SKELETAL INJURIES?: _____

Does this person currently have or had a history of:

- Knee, hip or ankle injuries (including sprains) and/or operations?YesNo
- Shoulder, arm or back injuries (including sprains) and/or operations?.....YesNo
- Head injuryYesNo
- Any other joint problems?YesNo

FITNESS:

Height: _____ Weight: _____

Is this applicant overweight?YesNo. If yes, how much? _____

Is this applicant underweight?YesNo. If yes, how much? _____

Does this applicant smoke?YesNo

Does this applicant use recreational drugs? YesNo

Examiner's comments:

On the basis of the background information provided in this form, and on your examination, do you feel that this individual is physically able to participate in this program?

_____ Yes, I believe this applicant is physically able to participate in the Vallhalla Wilderness Program.

_____ No, this applicant should not participate at this time for reasons explained below.

Physician's Name: _____

Signature: _____

Date: _____