

Participant Name: _____

**THIS FORM IS REQUIRED FOR 2-3 WEEK TRIPS ONLY, UNLESS OTHERWISE
DIRECTED BY ADMISSIONS STAFF**

INFORMATION FOR THE MEDICAL PROFESSIONAL:

YMCA BOLD and GOLD Programs consist of spending 10–22 consecutive days outdoors hiking, backpacking, sea kayaking, river rafting, and/or rock climbing in a variety of uneven and challenging terrain. The trips are designed with 13–18 year old youth in mind. We need your help in screening, as we believe a thorough medical review will help to avoid any serious medical events. Given that we may be in remote wilderness areas, often hours away from advanced medical facilities, an evacuation to advanced medical facilities may take more than 24 hours.

Please review and fill out the following section and let us know of any possible clues of potential problems that may need further evaluation.

If you have questions feel free to contact us:

YMCA Camping & Outdoor Leadership — campforms@seattleyymca.org — 206.382.5009, option 4, then option 3

Thank You!

Vital Signs and Statistics:

Date of Birth: ____/____/____

Blood Pressure BP: ____/____

Date taken: _____

Height: _____

Weight: _____

Pulse: _____

Last Tetanus Inoculation: _____

Date of second MMR: _____

On the basis of the information provided about our trips and your examination, do you feel this individual is able to participate in our program?

☐ Yes ☐ No

General comments and concerns:

PLEASE SIGN HERE

This health history is correct and not falsified to the best of my knowledge.

Physician, Nurse or PA Signature: _____

Printed Name: _____ Date _____

Parent / Guardian Signature _____ Date _____