All students must have had a physical completed within 12 months of the start of the HMI program.

Please use the form below (or) use your health care provider's form for submission to HMI.

Note: For certain circumstances or issues, HMI may require additional visits to the doctor and/or direct consultation between the High Mountain Institute's physician advisor and the student's physician.

Medical Care Provider

HMI programs are for motivated, energetic, and fundamentally healthy students. HMI does not provide programs for students to resolve or work on behavioral, emotional, or psychological problems. For example, HMI cannot provide appropriate support for students attempting to quit tobacco use, drug use, or alcohol use or to recover from substance abuse problems. Typical activities on an HMI program may include some or all of the following: Hike or ski 3-9 miles carrying 35-45% of body weight; Hike, climb and ski up and down steep terrain; Repetitive and sustained use of arms and legs, including walking, hiking, running, skiing, carrying, lifting; Perform manual labor – shoveling snow, splitting firewood, daily chores, and other manual labor; Live and travel in rugged terrain; Live, travel, work and study in temperatures from -20° to +85° f; Live, travel, work and study at altitudes from 5,000 to 14,435 feet above sea level; Live under tarps, in snow shelters, and in cabins with wood stoves for the duration of the program; Live and travel in remote settings 4-48 hours from advanced medical care; Engage in intellectually rigorous, age-appropriate academic classes, homework, and other studies; Participate in activities that require students to pay attention and concentrate (including careful attention to detail) for extended periods; Cook meals in the wilderness and in a commercial kitchen for self and others; Follow guidelines and rules, frequently independent of direct supervision; Communicate effectively with, and respond to others, including in regard to hazards/risks in an outdoor or wilderness environment; Swimming, wading, immersion in cold water (river crossings, etc.); Participate in morning exercises, including running, walking, and field games; Be alone for reflective time in a wilderness setting for 2-36 hours; Participate fully in an intimate and intense small community environment, and as a member of a team.

Also note: Certain health conditions, or medications taken may react negatively with the level of exertion, type of activity or environment, including activities undertaken at high altitude, in extremely cold or hot weather, or other factors. In addition, some health conditions - including but not limited to diabetes, asthma, allergies (including a potential anaphylactic reaction), seizure disorder, cardiovascular issues, and pregnancy - can deteriorate quickly under certain conditions and distance from definitive care can be a factor. Please consider these issues in your comments below.

STUDENT NAME	**HMI Program**	
Examination Date	**Heart Rate**	**Blood Pressure**
Height	**Weight**	**BMI**
Date of Last Tetanus Inoculation	*Students need Tetanus Inoculation w/in last 10 years. If outdated, then please administer today.*	
Known Allergies or Asthma (please include triggers, reaction, treatment) &/or Dietary Restrictions:		
Student under the care of a physician for the following:		

Does the student have any medical or health condition/s which may necessitate care, affect the student's well-being, the well-being of others, or affect the student's ability to engage in HMI activities? If so, please describe. Include any recommendations and/or restrictions regarding participation in the HMI Program:

Current treatment and/or medication/s:

Treatment and medications to be continued at HMI for ongoing health issues and/or recent injuries/illness:

Are there any indications or side effects of these medications of which HMI should be aware?

Additional health care considerations for HMI:

I have examined the student named on this form and understand he/she is planning to attend HMI. I have reviewed all health and medical information supplied in this form for its accuracy. I understand the nature of the activities, as set forth above, and acknowledge that HMI representatives are available should I have further questions about the nature and/or physical, mental, or emotional demands of these activities. I understand that the student will be traveling in remote areas where medical care may be significantly delayed (from 4-48 hrs.). Considering any restrictions stated above, the student can, in my opinion, fully participate in the HMI program. I am not related to the student.

Printed Name: _____ Title: _____ Date: _____

Signature **X**: _____ Clinic/Hospital Name & Address: _____

_____

Phone: _____ Mobile/Pager: _____

E-mail: _____

***Thank you* for your time and effort in filling out this form. If you have any questions or comments please do not hesitate to contact us at: (719) 486-8200 or via e-mail at hmi@hminet.org.**