



General Medical History & Information Forms

Medical History & Information Review at the High Mountain Institute

The High Mountain Institute (HMI) collects and reviews the student's medical information to endeavor to provide more successful experiences. Information provided here does not necessarily exclude participation. HMI needs accurate information to assist in understanding any medical or health concerns or issues, and in its effort to manage the risks faced by our students. HMI is an equal opportunity organization that strives to accommodate most medical conditions. HMI's programs vary greatly in environmental conditions, physical difficulty, and access to professional medical care. Please review this form, the HMI Acknowledgment and Assumption of Risks & Release and Indemnity Agreement and specific program information regarding program details, activities and associated risks and your responsibilities. You may contact us if you or your physician have any questions about your (or your participating child's) ability to participate. HMI treats all personal medical information with some degree of confidentiality. Enrolled student medical information is shared with the faculty, apprentices and adjunct faculty who oversee the students on campus and in the field for a particular program, and with HMI's consulting health care providers. In addition to HMI's review and consideration of the student's medical information, all students must have a physical completed within 12 months of the start date of their HMI program as part of the final acceptance into any program.

About Who Should Attend High Mountain Institute Programs

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. **Please note that even if a student is accepted on an HMI program, the student and parent/s, in conjunction with their physician, should consider whether HMI activities are an appropriate match for the student.**

Instructions for Completing Medical Forms

One or both of a student's parents or guardians (collectively referred to in this form as "parent/s") must complete HMI's Medical Forms. In the event that the student is 18 years of age or older, he/she may complete these forms him/herself (e.g. HMI Semester Apprentices.) Parent/s are encouraged to complete these forms with the student.

Note: In certain cases, HMI may require the student to obtain an additional physical or consultation from his or her doctor before participating in the program, and provide HMI with appropriate documentation. HMI staff will review medical forms and contact the adult student or parent/s when questions arise.

Tips for optimizing and streamlining the medical review process

Be Honest: HMI wants students to participate and we strive to accommodate most medical conditions. It is in everyone's best interest to disclose medical information upfront so HMI obtains accurate information and understands the student's medical or health issues.

Be thorough: Fill out the medical forms completely. Incomplete or blank answers will require HMI to contact you and may delay the enrollment process.

Please see the reverse side for information on how to submit completed forms and whom to contact at HMI with questions about the medical forms.



How to Submit Completed Forms & Whom to Contact with Questions

HMI Program Name	HMI Semester	Summer Term & High Peaks Adventure (HPA)	HMI Semester Apprentice Program	Other
Fax to:	719-486-8201 Attn: Aimee Goldstein Administrative Assistant for the HMI Semester	719-486-8201 Attn: Jessica Fuller Director of Programs	719-486-8201 Attn: Timbah Bell Dean of the Apprentice Program	719-486-8201 Attn: "Program Name – Med Form"
Scan & E-mail to:	Aimee Goldstein Administrative Assistant for the HMI Semester agoldstein@hminet.org	Jessica Fuller Director of Programs jfuller@hminet.org	Timbah Bell Dean of the Apprentice Program tbell@hminet.org	hmi@hminet.org
Mailing Address:	High Mountain Institute Semester – Med Form 531 County Rd 5A Leadville, CO 80461	High Mountain Institute Summer Term/HPA – Med Form 531 County Rd 5A Leadville, CO 80461	High Mountain Institute App. Prog. – Med Form 531 County Rd 5A Leadville, CO 80461	High Mountain Institute Program Name – Med Form 531 County Rd 5A Leadville, CO 80461
Whom to contact if you have questions:	Aimee Goldstein Administrative Assistant for the HMI Semester 719-486-8200x106 agoldstein@hminet.org	Jessica Fuller Director of Programs 719-486-8200x107 jfuller@hminet.org	Timbah Bell Dean of the Apprentice Program 719-486-8200x108 tbell@hminet.org	Please call and ask 719-486-8200 hmi@hminet.org

THANK YOU! We are aware that careful and comprehensive completion of these forms is time consuming – we appreciate your efforts! Please do not hesitate to contact us with any questions, concerns, or suggestions.



TO BE COMPLETED BY PARENT/S

Student Name HMI Program Today's Date

Student's DOB Age Gender

Parent/Guardian Contact Info

2nd Parent/2nd Guardian Contact Info

Full Name Full Name

Day Phone Day Phone

Eve Phone Eve Phone

Cell Phone Cell Phone

E-Mail E-Mail

GENERAL HEALTH QUESTIONS: Please read the items in each column carefully and respond to each item (YES, NO or N/A – not applicable) regarding any past or current medical issues or concerns regarding the condition/problem/illness/area listed. Include current, chronic and episodic condition/s:

Please select "YES" or "NO" to each item in this column:		Please select YES, NO, or N/A for this column:		
		YES	NO	N/A
ALLERGY and/or DIETARY RESTRICTIONS Bee/insect stings, shellfish, iodine, nuts, dairy, other foods, pollen, medications, and any other known allergies. Dietary restrictions including medical, religious, or ethical. <i>If "YES" complete the ALLERGY/DIETARY RESTRICTIONS Form</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ATTENTION DEFICIT (HYPERACTIVITY) DISORDER Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, and other related issues or learning disorders <i>If "YES" please complete the ADD/ADHD Form</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
MEDICATIONS Prescription medications, over-the-counter medications, dietary supplements, herbal remedies, and any other medications <i>If "YES" please complete the MEDICATIONS Form</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
MENTAL HEALTH ISSUES/ILLNESS Anxiety disorders, depression, past history of suicide attempt or ideation, past addiction to alcohol or drugs, self-abuse, or any other mental health issues <i>If "YES" please complete the MENTAL HEALTH Form</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ORTHOPEDIC INJURIES Shoulder, arm, elbow, hand, neck, back, hips, leg, knee, ankle, foot, recurrent strains of particular muscles, recurrent sprains of particular joints, hernia, other musculoskeletal issues, and other athletic or orthopedic injuries <i>If "YES" please complete the ORTHOPEDIC Form</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<p>Any "YES" answers in this column require additional information on the corresponding form that should be attached to this form for submission. Complete and accurate information is crucial to our ability to appropriately support potential students.</p>		<p>Addiction and/or regular use of alcohol or drugs * CALL</p> <p>Altitude: Acute Mountain Sickness (AMS)</p> <p>High Altitude Cerebral Edema (HACE) * CALL</p> <p>High Altitude Pulmonary Edema (HAPE) * CALL</p> <p>Asperger's, Autism or PDD</p> <p>Bleeding, Blood Disorders, Tuberculosis, Hepatitis</p> <p>Cancer</p> <p>Cardiovascular (heart and vessels) Abnormalities or Problems, including high blood pressure</p> <p>Circulatory Problems</p> <p>Cold Injuries</p> <p>Dental Problems/Issues</p> <p>Diabetes * CALL</p> <p>Ear, Eye, Nose & Throat Infections/Issues/Problems</p> <p>Eating Disorder (anorexia, bulimia, etc.)</p> <p>Epilepsy or Other Seizure Disorders * CALL</p> <p>Fainting or Dizziness, chronic</p> <p>Gastrointestinal Tract, Ulcers</p> <p>Head Injuries, Concussions, Headaches</p> <p>Heat Injuries/Illness</p> <p>Hormonal &/or Thyroid</p> <p>Hypertension</p> <p>Kidney or Liver Disease or Issues</p> <p>Menstrual Cramps</p> <p>Neurological Disorders</p> <p>Pregnancy, current * CALL</p> <p>Reproductive Tract</p> <p>Respiratory Tract, including Asthma</p> <p>Skin Problems/Issues</p> <p>Sleepwalking</p> <p>Sudden death under age 50 of family member * CALL</p> <p>Syncope with exertion (fainting during exercise) * CALL</p> <p>Tobacco regular use and/or addiction * CALL</p> <p>Urinary Tract</p> <p>Vision or hearing issues or impairment</p> <p>Other, including hospitalization in last 5 years (explain):</p> <p>Call HMI immediately regarding any "YES" answer for the "* CALL" issues above.</p> <p>For any "YES" answers in this column, provide explanation and clarification on a separate sheet</p>		

For each "YES" item from the right hand column above, please attach a separate sheet fully explaining the history, current status, and note the treating physician's name and phone number.



TO BE COMPLETED BY PARENT/S

Student Name **HMI Program** **Today's Date**

Participation in Activities at the High Mountain Institute

"Where Nature and Minds Meet" is a motto we take seriously at HMI. All students can expect to be vigorously challenged in mental, physical, and social activities. Please review the list below and carefully consider if the student has the ability to participate fully. You should be aware that "average" students in "average" physical and mental condition have consistently been able to complete these activities without limitations. Please note that not all programs include all of the activities listed. For example, summer students will not be living in a snow shelter. Also note that this list is not exclusive, but is representative of some of the general activities in which students will engage in. Please explain any conditions or limitations in detail below.

Activities

Typical/common activities required of all students for full participation in most HMI programs may include:

- 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
- Participate in stressful and emotionally intense wilderness, residential life and academic experiences
- 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.

Considering the nature of the activities described above or otherwise, does the student have any condition/s or limitation/s (e.g. mental, physical, and/or emotional) that may necessitate care, affect the student's well-being, the well-being of others, or the student's ability to engage in any activity/s? If so, please describe below. Include any adaptations or modifications you consider appropriate.

Please attach additional sheets as necessary

Is there any additional information about the student that HMI should be aware of?

Please attach additional sheets as necessary





TO BE COMPLETED BY PARENT/S

ATTENTION – SIGNATURE REQUIRED FOR ACKNOWLEDGEMENT/AGREEMENT AND MEDICATION

AUTHORIZATION! If the student is a minor (under 18 years of age), one or both parent/s must sign below. If the student is an adult (18 years of age or older), the student must sign below.

ACKNOWLEDGEMENT/AGREEMENT

To the best of my knowledge, this medical form and any supplemental medical information I submit (any supplemental information incorporated by this reference) contains accurate information. I understand the nature of HMI activities, and acknowledge that I can contact HMI should I have any questions about these activities or the associated physical, mental or emotional demands or other concerns. Other than any limitations described in this form (or in information submitted by the student's health care provider/s), the student agrees, and has permission from his or her parent/s if he or she is a minor, to participate in all HMI activities. I agree to contact HMI if any medical or health condition changes before the start of the HMI program. I understand that providing inaccurate medical or health information or falsifying medical or health information can create serious risks to the student or others, and/or can result in the student's dismissal from the program. I understand the student's final acceptance and participation in the program is contingent upon HMI representatives' review of all forms, including this one. I understand that although HMI will review this information and may allow participation, HMI cannot anticipate or eliminate risks or complications posed by a student's mental, physical, or emotional condition. I understand that emergency, medical, drug and/or health issues, response, assessment or treatment are included within the scope of – and expressly subject to the terms of – the HMI Acknowledgment and Assumption of Risks & Release and Indemnity Agreement. Please review that Document carefully in regard to the activities, risks and your responsibilities.

Note: I consent here to allow HMI staff or its consulting health care providers to contact and communicate with the student's health care provider/s listed in these forms about the student's health and medical condition or care. HMI keeps and provides regular over-the-counter medications for minor illness (headaches, cramps, cold & flu, sore throat, etc.) and asks that students do not bring them. Signing this Acknowledgement/Agreement gives HMI permission to administer over-the-counter medications.

MEDICAL AUTHORIZATION:

I authorize HMI staff, representatives and/or other medical personnel to obtain or provide medical care for me/my child, to transport me/my child to a medical facility, and/or to provide treatment (including, but not limited to hospitalization, medications, injections, anesthesia, or surgery) they consider necessary for my/my child's health. I agree to the release (to or by HMI) of any records necessary for treatment, referral, billing, or insurance purposes. I agree that HMI has no responsibility for medical care provided to me/my child, and agree to pay all costs associated with this care, including but not limited to medical evacuation, travel, compensation and expenses for staff accompanying the student, medicine and treatment. This form may be photocopied for use in the field.

Student Name (printed): _____ Student Signature: _____ Date: _____

Parent/Guardian Name (printed): _____ Parent/Guardian Signature: _____ Date: _____

2nd Parent/Guardian Name (printed): _____ 2nd Parent/Guardian Signature: _____ Date: _____





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Additional Medical History & Information Forms

Attached are a series of additional forms that you may or may not need:

Form Name	Who Should Complete This Form:
<input type="checkbox"/> ALLERGY and/or DIETARY RESTRICTIONS Form	Any student with any known allergies of any type must complete this form. Additionally, this form must be completed by any students with dietary restrictions (medical, religious, or ethical).
<input type="checkbox"/> ADD/ADHD or Learning Disorder Form	Any student with a past or current history of Attention Deficit Disorder and/or Attention Deficit and Hyperactivity Disorder or a learning disorder must complete this form.
<input type="checkbox"/> MEDICATIONS Form	Any student who will be taking any medications while attending an HMI program must complete this form for each medication. This includes prescriptions, over-the-counter medications, daily supplements, herbal remedies, and any other medications the student will be bringing to HMI. Photocopy this form as needed for additional medications.
<input type="checkbox"/> MENTAL HEALTH Form	Any student with a past or current history of mental health issues must complete this form.
<input type="checkbox"/> ORTHOPEDIC Form	Any student with a non-resolved and/or ongoing orthopedic type injury of any type should complete this form. Additionally, any student with a history of serious orthopedic injury should complete this form.

*In addition, please note that all students **must have a physical completed within 12 months of the start date of their HMI program.** You may use the form provided by HMI or the one provided by your health care provider.*



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If applicable, to be completed by parent/s and attached to the General Medical History & Information Forms

Student Name

HMI Program

Today's Date

ALLERGY and/or DIETARY RESTRICTIONS Related Medical History & Information Form

On the medical form, you listed that the HMI student has allergies (i.e. bee/insect stings, shellfish, iodine, nuts, dairy, other foods, pollen, medications, and any other known allergies) and/or dietary restrictions. When we have the proper information we can accommodate many allergies. Please complete the questionnaire below and return it to HMI. Responding as soon as possible and as thoroughly as possible will help us!

Allergy/Allergen:

Alternative/related/other names:

When diagnosed with this allergy:

How diagnosed to this allergen:

Symptoms during an allergic reaction (what happens?):

During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? YES NO

Does the student take any medication for this allergy? (if yes be sure to complete the medications information form)? YES NO

Has the student ever been hospitalized for this particular allergy? YES NO (If YES, explain in detail on separate sheets as necessary)

Is the student on an allergy desentization program? YES NO (If YES, will this require treatments while at HMI and please explain in detail)

Does the student have and carry epinephrine for this allergy? YES NO (If YES, the student must bring **two** delivery devices to HMI)

Additional Information:

Allergy/Allergen:

Alternative/related/other names:

When diagnosed with this allergy:

How diagnosed to this allergen:

Symptoms during an allergic reaction (what happens?):

During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? YES NO

Does the student take any medication for this allergy? (if yes be sure to complete the medications information form)? YES NO

Has the student ever been hospitalized for this particular allergy? YES NO (If YES, explain in detail on separate sheets as necessary)

Is the student on an allergy desentization program? YES NO (If YES, will this require treatments while at HMI and please explain in detail)

Does the student have and carry epinephrine for this allergy? YES NO (If YES, the student must bring **two** delivery devices to HMI)

Additional Information:

Please attach additional sheets as necessary

DIETARY RESTRICTIONS

To assist us in planning expedition rations and on-campus meals, please describe any medical, religious, or ethical dietary restrictions or special needs. **If the dietary restriction involves a food allergy, please be sure to answer the questions above.**

Please attach additional sheets as necessary



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If applicable, to be completed by parent/sand attached to the General Medical History & Information Form

Student Name

HMI Program

Today's Date

ADD/ADHD or Learning Disorders Related Medical History & Information Form

On the medical form, you listed that the HMI student has been diagnosed with ADD/ADHD. We ask a series of questions of any student who has this condition because we can accommodate most cases of ADD/ADHD when we have the proper information. Please complete the questionnaire below and return it to HMI as soon as possible. Responding as soon as possible and as thoroughly as possible will help us!

Does the student have: Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Both ADD & ADHD

When was the ADD and/or ADHD diagnosed:

What behaviors led to the diagnosis:

During the last two years, has the student taken any medications for ADD/ADHD? YES NO

Is he/she currently taking any medications for ADD/ADHD? YES NO (If YES, please complete the Medications Form)

What happens if the student misses a dose?

Under the current treatment, how does the student's ADD/ADHD manifest itself?

Does the ADD/ADHD interfere with school or work? If so, how?

What, if any, are the prescribed accommodations for academic type school work? Homework? Testing? Please attach additional sheets as necessary.

For HMI summer programs (HMI Summer Term, High Peaks Adventure), does the student normally take the medication or plan to take the medication during the summer at HMI?

Treating Counselor/Therapist/ Physician's Name:

Treating Counselor/Therapist/ Physician's Phone:

Additional Information:

Please attach additional sheets as necessary





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If applicable, to be completed by parent/s and attached to the General Medical History & Information Forms

Student Name

HMI Program

Today's Date

MEDICATIONS Related Medical History & Information Form

As a way to better serve the needs of all HMI students, we ask, that in consultation with your family physician, you please complete the following questionnaire regarding the student's medications (taken for current, chronic or episodic condition/s) and return it to us. This questionnaire will be kept on file with the student's other medical information and be used as a resource for the HMI faculty and staff. If the student is taking more than one medication, please complete a separate form for each medication (copy this form as necessary). Please complete the following information (a complete sheet) for **EACH** medication the student will be bringing to HMI including prescriptions, over-the-counter medications, dietary supplements, herbal remedies, etc.

Medication Brand Name:

Medication Generic/Chemical Name:

Reason for taking this medication:

Start Date using this medication:

End Date (if known):

Regular Dose:

Frequency & Time of Dose(s):

Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):

This medication should be taken: with food with water on an empty stomach other:

Common Side Effects:

Uncommon Side Effects:

Harmful interactions (i.e. don't give with ibuprofen):

Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?

Missed dose procedure: Skip dose Take immediately Double dose at next scheduled time Call physician Other:

What happens if the student misses a dose?

Prescribing Physician's Name:

Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program? YES NO

If, NO, please elaborate on the plan to refill the prescription:

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program? If so, please describe, noting the reason for medication termination.

Additional Information:



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If applicable, to be completed by parent/s and attached to the General Medical History & Information Form

Student Name

HMI Program

Today's Date

MENTAL HEALTH Related Medical History & Information Form

On your medical form, you noted past or present mental health issues. We ask a series of questions of any student who has a history of mental health issues because we can accommodate many issues when we have the proper information. Please complete the questionnaire below and return it to HMI as soon as possible. Responding as soon as possible and as thoroughly as possible will help us!

Does the HMI Student have: Depression Anxiety Disorder Addiction Suicide Attempt or Suicidal Ideation
 Cutting or other Self Abuse Other (explain):

When did symptoms first occur: _____ When was the above diagnosed: _____

What were the symptoms and/or behaviors: _____

Has the student seen a counselor or therapist in the last two years? _____

Is the student currently seeing a counselor or therapist? _____

Counselor/Therapist Name: _____ Counselor/Therapist Phone: _____

Under current treatment, how does the student's mental health issue manifest itself?

Does the mental health issue interfere with school and/or social interactions? If so, how?

Has the student ever had suicidal ideations or attempted suicide? YES NO If, YES, when?

During the last two years, has the student taken any medications for mental health issues? YES NO

Is the student currently taking any medications for mental health issues? YES NO (If YES, please complete the medications information form)

For stress related issues and/or mental health issues exacerbated by stress:

Making new friends & learning to function in a group can be stressful. With that in mind: What triggers stress for the student?

What can we do at HMI to help minimize stressful situation which may arise during the program?

Has the student ever been hospitalized for psychiatric illness? YES NO If yes, please explain when, for how long, and why. Be specific.

Additional Information: _____





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If applicable, to be completed by parent/s and attached to the General Medical History & Information Form

Student Name

HMI Program

Today's Date

ORTHOPEDIC Related Medical History & Information Form

On your medical form, you listed a history of orthopedic and/or athletic type injuries. We ask a series of questions of any student who has a past injury because we can accommodate many injuries when we have the proper information. Please complete the questionnaire below and return it to HMI as soon as possible. Responding as soon as possible and as thoroughly as possible will help us! Attach additional pages as necessary.

Injury: _____ **When:** _____

How was the injury treated? _____

Did the student have physical therapy? YES NO If, YES, for how long and when: _____

Does the student still have pain as a result of this injury? YES NO _____

If YES, what causes the pain and for how long? _____

Does the student still have loss of function or disability as a result of this injury? YES NO _____

If YES, describe the disability, be specific. _____

Which description best describes the student's current condition: no longer a concern stable improving worsening _____

Since this injury, has the student played sports, carried a backpack, run or hiked for regular intervals? Be specific. _____

Is the student currently taking any medications for the above injury? YES NO (If YES, please complete the medications information form) _____

Do you anticipate the student being limited in his/her ability to participate in a physically demanding program? YES NO _____

If "YES", for what activities, and for how long? _____

If the injury occurred recently (within the last 6 months) or is persistent, please have the treating physician acknowledge that participation in an HMI program will not cause further damage or harm – have him/her review the activities on page 4 and note this on the medical form.

Injury: _____ **When:** _____

How was the injury treated? _____

Did the student have physical therapy? YES NO If, YES, for how long and when: _____

Does the student still have pain as a result of this injury? YES NO _____

If YES, what causes the pain and for how long? _____

Does the student still have loss of function or disability as a result of this injury? YES NO _____

If YES, describe the disability, be specific. _____

Which description best describes the student's current condition: no longer a concern stable improving worsening _____

Since this injury, has the student played sports, carried a backpack, run or hiked for regular intervals? Be specific. _____

Is the student currently taking any medications for the above injury? YES NO (If YES, please complete the medications information form) _____

Do you anticipate the student being limited in his/her ability to participate in a physically demanding program? YES NO _____

If "YES", for what activities, and for how long? _____

If the injury occurred recently (within the last 6 months) or is persistent, please have the treating physician acknowledge that participation in an HMI program will not cause further damage or harm – have him/her review the activities on page 4 and note this on the medical form.





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