



All students must have had a physical completed within 12 months of the start of the HMI program. HMI encourages you to use this form so that your doctor better understands the demands and potential health risks of our program. It is also acceptable to use your health care provider's form for submission to HMI.

We strongly encourage you to review this form with any health care provider (specialists, psychiatrists, physical therapists, or others) that you have seen in the past 2 years so that they can provide additional health considerations for participating in this program.

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.

Authorization to Release Medical Information – ADULT STUDENT OR PARENT/LEGAL GUARDIAN OF A MINOR (those under 18 yrs. of age) PLEASE SIGN!

I authorize the signing care provider to communicate with and/or to release any information to HMI staff or consulting health care providers about my/my child's health or medical condition/care.

Signature: _____

Date: _____

To the Health 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; 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.

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

Colorado law requires that HMI have a complete immunization record for each student – PLEASE ATTACH CURRENT IMMUNIZATION RECORD TO THIS FORM

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 your care (or another health care provider's) for the following:

Current treatment including medication/s (taken for current, chronic or episodic condition/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?

Does the student have any medical or health condition/s, described above or otherwise, 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 limitation/s and/or restriction/s regarding participation in the HMI Program:

Additional health care considerations for HMI:

I am a licensed health care provider. 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 have reviewed and understand the nature of HMI 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: _____

Email: _____

