buildOn Medical Form

Name: _____

Date of Birth:_____ /_____ /_____

Month/Year of Trek:_____

This patient is travelling to, and doing physical labor in a remote community in the developing world. Access to basic medical care may not be immediately available. Please provide comprehensive and clear information regarding the health of this patient. Providing accurate and complete records will ensure their group leader, who is a certified Wilderness First Responder, can prepare effectively and establish proper care in the field.

What medical conditions and/or chronic conditions is this patient currently being treated for? _____

_____

GENERAL MEDICAL HISTORY

Does the patient currently have or have a history of:

1. Respiratory problems? Asthma? ☐ YES ☐ NO
Is the asthma well-controlled with an inhaler? ☐ YES ☐ NO
Will the patient bring an inhaler on Trek? ☐ YES ☐ NO
What triggers an attack? Last episode? Ever hospitalized?

_____

_____

2. Diabetes? ☐ YES ☐ NO
Describe _____

3. Migraines? Medications, frequency, are they debilitating? ☐ YES ☐ NO
Describe frequency, date of last migraine, and severity.
Describe _____

4. Any history of cardiac illness or significant risk factors, such as known coronary artery disease, hypertension, hyperlipidemia, tachyarrhythmia, symptomatic bradycardia (syncope, dizziness), unexplained chest pain (especially with exercise) or immediate family history of early cardiac death (<50 years old)? ☐ YES ☐ NO
Describe _____

5. Is this patient currently, or have they ever, received treatment for mental/emotional health issues? ☐ YES ☐ NO
Describe _____

ALLERGIES

6. Is this patient allergic to or have a medically related intolerance to any food?
Describe _____

7. Has the patient had any systemic allergic reaction to medications or other foreign bodies resulting in hives, swelling of face/lips or difficulty breathing?
Describe _____

8. Any other allergies? Medications? Animals? Seasonal?
Describe _____

9. Bring Epi-Pen on Trek? ☐ YES ☐ NO

MEDICATIONS

9. Does the patient plan to take any **prescription** or **non-prescription** (over-the-counter) medications on Trek?

Trek requires travel to remote areas where access to medical care may be one or more days away. The participant must understand the use of any prescription medications they may be taking. All participants who are required by their personal physician, psychiatrist, or health care provider to take prescription medications on a regular basis must be in possession of this medication upon arrival in their Trek country.

MEDICATION FREQUENCY/DOSAGE FOR WHAT CONDITION?

_____

_____

_____

_____

10. Are any medications **CONTRAINDICATED**?:
Describe _____

11. Any other concerns to be aware of:

_____

_____

_____

MALARIA
Malaria is a vector-borne illness that is transmitted through mosquitos. It is present in each of buildOn's program countries and can be deadly if gone untreated. To reduce the risk of contracting malaria, buildOn recommends participants obtain a prescription for a malaria prophylaxis.

Malaria Prophylaxis Options
1. Malarone (Atovaquone Proguanil) – daily medication, effective in all of buildOn's program countries.
2. Chloroquine - a weekly medication, prescribed for participants travelling to Nicaragua, Guatemala, and Haiti.
3. Doxycycline – daily medication, effective in all of buildOn's program countries.
4. Primaquine – daily medication, prescribed for participants travelling to Guatemala.
5. Mefloquine (Lariam) – the use of this weekly medication is HIGHLY DISCOURAGED due to the potential side effects which include anxiety, depression, paranoia, hallucinations, psychosis, and gastrointestinal disturbances.

For the most up-to-date advice on travel medicines and vaccinations please visit the CDC website at **wwwnc.cdc.gov/travel**.

I have prescribed the following for malaria: _____

PHYSICIAN'S SIGNATURE

Physician's Name (printed): _____ Phone: (____)_____

_____ _____ _____ _____
ADDRESS CITY/TOWN STATE ZIP CODE

By my signature, I attest that the person named on page 1 of this form is medically cleared to participate on a buildOn Trek.

_____ _____ _____
Physician's Signature **NPI Number** **Date**