



# True Nature Farm

## Sustainable Living & Wilderness School

PO Box 1474, Boulder, Utah, 84716 [www.TrueNatureFarm.org](http://www.TrueNatureFarm.org) 801-7179293

### MEDICAL FORM

**STUDENT NAME:** \_\_\_\_\_ **COURSE NAME:** \_\_\_\_\_

**IMPORTANT:**

**True Nature requires the following Health Form to be fully completed by the applicant and parent or guardian of minor applicant.** The information is required so that True Nature may address any concerns we might have prior to the applicant's acceptance on a course.

On some courses students may hike as much as 20 miles in a day, over rugged and difficult terrain, and at altitudes that may reach 11,000 feet above sea level. Students may have very limited access to water and can become dehydrated.

A True Nature Wilderness Course is a rigorous experience in an often harsh environment. The activities require emotionally and physically fit individuals who will work together in effectively managing the activities' risks and achieving their objectives.

A True Nature Wilderness Course is NOT the time or place to rehabilitate physical or emotional conditions. The staff is not trained in matters of emotional or mental instability, or complications of prior injuries or the interaction of drugs and environmental and other circumstances. Distractions created by such conditions will jeopardize the course and its members.

Please understand that despite True Nature's review and acceptance of applicant on the course, there are no guarantees. Health and participation risks (inherent and otherwise) remain. Ultimately it is up to the applicant or parent (if applicable), to determine if this True Nature Wilderness Course is an appropriate choice.

Please call the True Nature's administrative office with any questions, 801-717-9293.

**To Be Completed By Applicant (and parent or guardian if applicable):**

Age at time of Course: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you exercise regularly? \_\_\_\_\_

Please provide details of your current physical activities:

Activity: \_\_\_\_\_ Frequency: \_\_\_\_\_ Duration/Distance: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Do you smoke? \_\_\_\_\_ We recommend quitting well before the course start date.

Do you have or have you ever had recurrent emotional states such as depression, anxiety/panic attacks, hypertension, nervous breakdown, chronic drug use or any similar condition which, if recurring or continuing, might affect your ability to deal with the rigors of your True Nature Wilderness Course or cause you to be a danger to yourself or others? Please explain each such item of your mental health **STUDENT NAME:**

**COURSE NAME:** \_\_\_\_\_

history, including a description of the nature of the professional treatment you received and its duration:

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**Females Only** – Current conditions:

- History of Menstrual Problems
- History of Urinary Tract Infection
- Currently pregnant
- Candida Yeast Syndrome
- No current problems

Do you have or have you ever been diagnosed with:

- Fainting Spells
- Ulcers
- Hepatitis
- Hypoglycemia/Diabetes
- HIV / AIDS
- Cardiac or Heart Problems
- Seizure Disorder
- Medical Allergies \_\_\_\_\_
- Obesity to the extent of interfering with rigorous hiking
- Renal Disease (can be aggravated by dehydration or extensive exercise)
- Any heat- or dehydration-related medical conditions (including electrolyte imbalances, hyponatremia, etc.)
- Arthritis to the extent of interfering with hiking
- None

**Applicant should consider not attending this program if ANY of the above conditions exist.**

Do you currently have or have you had a history of Asthma or other Respiratory Problems?

\_\_\_YES \_\_\_NO

Have you ever visited the hospital or emergency room for Asthma? \_\_\_YES \_\_\_NO Date(s)

\_\_\_\_\_  
Please list medications taken for Asthma:

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Please inform us of any foods or other items to which you are allergic:

- Penicillin
- Peanuts
- Bee stings
- Shellfish
- Sulfur Dioxide
- Dairy products
- Iodine
- Other:

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Unusual allergies or medical reactions (please describe):

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**STUDENT NAME:** \_\_\_\_\_ **COURSE NAME:**

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Have you ever had a severe allergic response or had an anaphylactic reaction? \_\_\_YES \_\_\_NO

Please explain:

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Food packs carried on most True Nature's courses consist of simple food rations, usually between 1000-1500 calories/day. The foods will consist of hearty grains and staples which may be unfamiliar to your regular diet but will be nutritious.

Students with special concerns or dietary restrictions should contact True Nature's office.

In the past 3 years have you experienced any injuries, for example, joint problems, head injuries, loss of consciousness, other bodily injuries/fractures, operations, etc.? Please describe and include dates:

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Have you any condition currently requiring medication or treatment? If so, please describe the condition and medication being taken (please include "over the counter" drugs):

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Have you ever experienced dehydration or a heat-induced medical problem? Please describe, include dates:

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Can you swim? \_\_\_YES\_\_\_NO Do you have a fear of water? \_\_\_YES\_\_\_NO Please explain:

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**NOTE TO STUDENT:** Before arriving for your course, any changes to your health form, medications, health conditions, etc., should be reported in writing to the True Nature's administrative office.

**STUDENT NAME:** \_\_\_\_\_ **COURSE NAME:**

\_\_\_\_\_

**I HAVE READ AND UNDERSTAND THIS FORM. MY STATEMENTS ARE COMPLETE AND CORRECT. I HAVE PROVIDED TRUE NATURE WITH ALL MEDICAL INFORMATION RELEVANT TO MY HEALTH AND SAFETY ON MY COURSE.**

Name (Print): \_\_\_\_\_ Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent(s) or Guardian: \_\_\_\_\_

Print Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Phone(s): \_\_\_\_\_

### **True Nature Farm - Sustainable Living & Wilderness School**

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