



Physician Allergy Questionnaire

You may complete your responses electronically. Type into the fields then digitally sign and email back.

Student Name: _____ Course # _____

Health Care Professional

Outward Bound is reviewing this student for participation in one of our courses. This potential student has indicated that you are their health care provider. We request your input to determine if an Outward Bound experience is safe for your patient at this time.

This document specifically is requesting you to assess the level of sensitivity to allergens, considers the history of symptoms and reactions, and asks for your opinion in regard to ability the student's ability to safely manage their medical condition in a wilderness setting. We need to determine that your client's present level of sensitivity to allergens will not present a significant, undue risk when, or if, exposed.

While our staff are well qualified wilderness instructors, with a minimum training of a Wilderness First Responder, they do not have the skills to deliver advanced medical care. However, staff carry and are trained to use epinephrine.

Educational Setting

Outward Bound is an exercise in experiential education during which students are exposed to physical, mental, and emotional challenges that are intended to promote personal growth by helping students to recognize and reach beyond self-imposed limitations.

The classroom is a Wilderness setting and may include a variety of activities such as sailing, canoeing, backpacking, rock climbing, community service, and a solo experience. The typical group consists of two instructors and 6 to 12 students from diverse backgrounds. Skills are taught from a beginner level, and expeditions are conducted in all weather conditions in varying environments. Solo is a 6 to 72 hour experience that offers time for introspection, quiet, rest and journal writing. Students are given specific boundaries, a shelter, sleeping bag, water supply and a small amount of food. They are checked daily by instructors and have a basic means of communicating distress if the need arises. Evacuation to medical facilities can take hours, or even days based on the course, weather and other factors beyond the control of the staff.

IMPORTANT: Outward Bound CANNOT guarantee that students will not come into contact with, ingest, or breathe known or unknown environmental allergens. Due to the extreme remote nature of Outward Bound programs, evacuation times vary considerably. As a result we need to seriously review and consider your patients sensitivity within a Wilderness context. The safety of all Outward Bound students is paramount. Outward Bound may deny participation of any student who has had severe allergic reactions necessitating emergency department or urgent care treatment within the last 5 years or have required treatment with epinephrine or steroids.

Your assistance in helping us to determine if this applicant is likely to have a safe and productive Outward Bound experience is invaluable. The final acceptance of this applicant to the program is made by Outward Bound and is contingent upon receiving this information. Thank You.

Allergy Questionnaire - continued

Student Name: _____ Course #: _____

Health Care Provider Information

Physician's Name:	Emergency Contact #:
Phone Number:	Best times to reach you?

1. What is the patient allergic to?
2. What reaction do they have, i.e. rash, tingling, hives, trouble breathing, or anaphylaxis?
3. Date of the last reaction? Why did it occur (i.e. what brought the reaction on)?
4. Do they use any medications to treat the reaction or symptoms? ☐ Yes ☐ No
If yes, please describe: what medication is used, the last time any medication was used and what the outcome was.
5. Is this patient prescribed an epi-pen? ☐ Yes ☐ No
If yes, please make sure they have at least two doses to bring with them for this program.
6. Have they ever visited the Emergency Department or Urgent care for this condition? ☐ Yes ☐ No
If yes, when and what was the outcome?
7. Animal & Plant Sensitivities:
Does a reaction occur if:
Touched? ☐ Yes ☐ No
In close proximity? ☐ Yes ☐ No
Bit or Stung? ☐ Yes ☐ No
***Please explain all "Yes" answers
8. For Food/Dietary Sensitivities:
Does a reaction occur if:
Ingested? ☐ Yes ☐ No
Touched? ☐ Yes ☐ No
In close proximity? ☐ Yes ☐ No
***Please explain all "Yes" answers
9. Can the student bring their own food(s) as supplement? ☐ Yes ☐ No

Allergy Questionnaire - continued

Given the level of sensitivity to allergens, the patient's ability to manage, and Outward Bounds inability to control the contact of either known or unknown allergens, do you feel comfortable sending your patient into a remote wilderness setting with extremely limited availability to advanced medical care?

Response:

Signature Required

Physician's Signature

Date