Information for the Medical Professional

Some field courses offered by Johns Hopkins University's Environmental Science and Policy (ESP) program are wilderness experiences operating in remote areas of the world where evacuation to modern medical facilities may take hours or even days. There is a detailed course description for every course found here: https://advanced.jhu.edu/academics/graduate-degree-programs/environmental-sciences-and-policy/the-experience/

**Living conditions.** While participating in an ESP field course, students may sleep outdoors, experience long and physically demanding days, set up their own camp, participate in strenuous hikes, swim in the ocean or freshwater bodies, travel on various watercraft, and/or snorkle. Weather conditions can be extreme depending on the course type. Each student is expected to take good care of him or herself.

**Physical demands** on students are considerable. Backpacking courses require carrying a backpack that may weigh up to 60 pounds or more over rough and rugged terrain. Water-based courses require sitting and paddling continuously for long periods of time and walking on rugged shorelines while carrying heavy items.

**Water disinfection.** Remote field course sites disinfect wilderness water with chlorine, chlorine dioxide, or by boiling. Not all of these methods are effective against cryptosporidium. Immunocompromised people may wish to obtain an appropriate water filter. Students are encouraged to purchase LifeStraw bottles for their own personal water filtration needs.

**Fitness.** Prior physical conditioning and a positive attitude are a necessity. Students find an ESP field course to be an extremely demanding experience both physically and emotionally, but also an extremely rewarding experience. These courses are the highest rated courses in the ESP program. While often transformative for many students, these courses are not the place to try out new life changes that affect your health and others (i.e. quit smoking, new diet, new exercise).

**Note.** ESP field courses will not travel to world regions where Ebola outbreaks are occurring.

**Full Disclosure:** In the interest of the health and well-being of both the student and the other course members, please answer the questions honestly and completely when completing the health form. If we have any question on the student's capacity to successfully complete the course, we will call the student to discuss it. However, failure to disclose a health condition could put the student and the rest of the group at risk.
Each student's health form must be reviewed and approved by ESP personnel.

Your detailed comments will expedite our review of this form.

M.D., D.O., F.N.P., APRN or P.A.:  
Please check YES or NO for each item. Each question must be answered and please provide date and details for all "yes" answers.

**General Medical History**

Does the applicant currently have or have a history of:  

1. Respiratory problems? Asthma?  
   - □ YES  □ NO  
   Is the asthma well controlled with an inhaler?  
   - □ YES  □ NO  □ N/A  
   If so, please have the student bring one or more metered dose inhalers (MDI) with them for their course and an aerochamber/spacer is recommended.  
   What triggers an attack? Last episode? Ever hospitalized?  

2. Gastrointestinal disturbances?  
   - □ YES  □ NO  

3. Diabetes?  
   - □ YES  □ NO  

Examiner’s specific comments:  

4. Bleeding, DVT (deep vein thrombosis) or blood disorders?  
   - □ YES  □ NO  

5. Hepatitis or other liver disease?  
   - □ YES  □ NO  

Examiner’s specific comments:  

6. Neurological problems? Epilepsy?  
   - □ YES  □ NO  

7. Seizures?  
   - □ YES  □ NO  

8. Dizziness/vertigo or fainting episodes?  
   - □ YES  □ NO  

9. Migraines? Medications, frequency, are they debilitating?  
   - □ YES  □ NO  

6-9. Describe frequency, date of last episode, and severity.  

10. Disorders of the urinary or reproductive tract?  
   - □ YES  □ NO  

11. Any disease?  
   - □ YES  □ NO  

12. Does this person see a medical or physical specialist of any kind?  
   - □ YES  □ NO  

If "yes" please provide name/address and specify the issue(s):  

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13. Is the applicant pregnant?  
☐ YES  ☐ NO  ☐ N/A

Examiner’s specific comments: ____________________________________________

Cardiac History

14. Any history of cardiac illness or significant risk factors, such as known coronary artery disease, hypertension, diabetes, 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

Depending on the applicant’s history, risk factors and age, a stress ECG or waiver from their cardiologist may be required.

Examiner’s specific comments: ____________________________________________

Muscle/Skeletal Injuries/Fractures

15. Knee, hip or ankle injuries (including sprains) and/or surgery?  
☐ YES  ☐ NO

• Type of injury or surgery? When did the injury or surgery occur? __________________________

• Is there full ROM? Full Strength?  
☐ YES  ☐ NO

• What is the most rigorous activity participated in since the injury/surgery. Results? ______________

Examiner’s specific comments: (include date of last occurrence and the effect of the problem on current activity level) ______________________________________

16. Shoulder, arm or back injuries (including sprains) and/or surgery?  
☐ YES  ☐ NO

• Type of injury or surgery? When did the injury or surgery occur? __________________________

• Is there full ROM? Full Strength?  
☐ YES  ☐ NO

• What is the most rigorous activity participated in since the injury/surgery. Results? ______________

Examiner’s specific comments: (include date of last occurrence and the effect of the problem on current activity level) ______________________________________
17. Any other joint problems?  
- YES  
- NO  
Examiner’s specific comments: (include date of last occurrence and the effect of the problem on current activity level)  
________________________________________________________________________________________
________________________________________________________________________________________

18. Head Injury? Loss of consciousness? For how long?  
- YES  
- NO  
Examiner’s specific comments: (include date of last occurrence and the effect of the problem on current activity level)  
________________________________________________________________________________________
________________________________________________________________________________________

19. Does the applicant have any physical, cognitive, sensory, or emotional condition that would require consideration?  
- YES  
- NO  
If yes, please describe how the condition affects the applicant:  
________________________________________________________________________________________
________________________________________________________________________________________

**Mental Health**

Students with a history of psychotherapy that required medication or has included hospitalization or residential treatment, need to be in a period of stability ranging from six months to two years, depending on the condition, before the course.

20. Has the applicant had psychotherapy?  
- YES  
- NO  
21. Is the applicant currently in treatment or psychotherapy?  
- YES  
- NO  

22. Reason(s) for treatment or therapy?  
- suicide (thoughts, ideation, attempt)  
- substance use disorder (drugs/alcohol)  
- eating disorder (anorexia/bulimia)  
- obsessive-compulsive disorder  
- academic/career/family issues  
- ADD/ADHD  
- anxiety  
- depression  
- bipolar disorder  
- other  

Please provide specific details of psychotherapy and dates medications were prescribed:  
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

23. Name and telephone number of psychotherapist?  
_________________________________________________________  
( _____ )_______________  
Name  
Phone
**Allergies**

Regardless of the allergen, individuals with a history of severe allergic (anaphylactic) reactions are required to bring a personal supply of epinephrine, preferably in a pre-loaded auto-injector, and know how to use it.

### 24. Is applicant allergic to or have a medically related intolerance to any food?  
☐ YES  ☐ NO  
Describe: ____________________________________________________

### 25. Does the applicant have any dietary preferences? (e.g., vegetarian, vegan)  
(ESP may not be able to accommodate all preferences)  
☐ YES  ☐ NO  
Describe: ____________________________________________________

### 26. Has the applicant had any systemic allergic reactions to insects, bee/wasp stings, or medications resulting in hives, swelling of face/lips or difficulty breathing?  
☐ YES  ☐ NO  
Examiner’s specific comments: ________________________________________________

### 27. Any other allergies?  
☐ YES  ☐ NO  
Examiner’s Specific Comments: ________________________________________________

### 28. Does this person plan to take any prescription or non-prescription medications on the course?  
☐ YES  ☐ NO  

Many ESP field courses travel in remote areas where access to medical care may be one or more hours or days away. The student must understand the use of any prescription medications they may be taking. Written specific instructions are necessary. All students who are required by their personal physician, psychiatrist or health care provider to take prescription medications on a regular basis must be able to do so on their own and without supervision or assistance from ESP staff.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Date Prescribed?</th>
<th>Prescribed by?</th>
<th>For What Conditions?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

If medications or health condition changes prior to course start, please inform ESP staff.

**Cold, Heat, Altitude**

### 29. History of frostbite or Raynaud’s Syndrome?  
☐ YES  ☐ NO  

### 30. History of acute mountain sickness, high altitude pulmonary/cerebral edema?  
☐ YES  ☐ NO  
When did the illness occur? ____________________________________

### 31. History of heat stroke or other heat related illness?  
☐ YES  ☐ NO  
Examiner’s specific comments: ____________________________________________

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**Fitness**

Please provide details concerning the student’s exercise regime:

32. Does the applicant exercise regularly?  
   - [ ] YES  
   - [ ] NO  

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Duration/Distance</th>
<th>Intensity Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Easy     Moderate Competitive</td>
</tr>
</tbody>
</table>

33. Does this person smoke or use tobacco products?  
   - [ ] YES  
   - [ ] NO  

34. Is this person underweight? overweight? If so, how much?  
   - [ ] YES  
   - [ ] NO  

35. Swimming ability (CHECK ONE):  
   - [ ] Non-swimmer  
   - [ ] Recreational  
   - [ ] Competitive

**Physical Examination**

A D.O., M.D., F.N.P., APRN or P.A. must read and fill out pages 1-6. **Physical examination data cannot be more than a year old from the starting date of the ESP field course.** (Please type or print legibly.)

ESP requires a tetanus immunization within 10 years of the start date of the course. International ESP field courses may require additional immunizations. Please refer to your course travel information for specific details.

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>Pulse</th>
<th>Last Tetanus Inoculation</th>
<th>Height (inches)</th>
<th>Weight (lbs.)</th>
</tr>
</thead>
</table>

General Appearance, Impressions and Comments:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Examiner’s Name  

(______) Phone

___________________________________________________________

Street

City  

State  

Zip

M.D., D.O., F.N.P., APRN or P.A. Signature  

Date:

By my signature, I attest that the person named on page 1 of this form is medically cleared to participate on an ESP field course based on the course information provided on page 1 of this form along with the background information provided by the applicant and my physical examination of him/her.