



## HEALTH & MEDICAL RECORD ORDER OF THE ARROW – BOY SCOUTS OF AMERICA

(Meets BSA Class 3 Physical Requirements)

### **Information for the Examiner and the Applicant**

This physical form has been designed to address some concerns and limitations that may be experienced by combining any existing or other potential medical condition(s) with the strenuous activities and various environmental stressors in these potentially arduous environments.

The *ArrowCorps*<sup>5</sup> project is the 2008 national program of emphasis for the Order of the Arrow, Boy Scouts of America. During this week long program, the participants and staff will be performing several strenuous service projects for the United States Forestry Service and will be exposed to the climatic changes and challenges found within five of our nation's great majestic National Forests. While living and working in these environments, their bodies will be stressed and challenged. Some of the conditions that they may face are: temperatures varying between 30-110 degrees (Fahrenheit), altitudes of sea level up to 8,000 feet, long days of strenuous outdoor activities, and various food restrictions and limitations. Therefore, if the participant or staff member has a pre-existing medical condition(s) which may be adversely affected by these factors, special consideration needs to be given to determine if they should participate. Another aspect to consider clearance for participation is limited access to care. The various remote program sites will have limited capabilities for healthcare; in some remote locations there may be a significant delay until definitive care may be delivered.

### **Each physical examination must be completed within 12 months prior to the start of *ArrowCorps*<sup>5</sup>.**

Each participant and staff member will be held to the same standards for medical clearance in order to provide them with the safest and most complete preventative health screening. They will also be required to follow the safety guidelines found in their information packets. **Anyone with the following conditions will not be allowed to participate in the back country activities.** There may be a limited number of staff positions available in the base camp areas for people with these conditions, but approval for attendance must be obtained from the Incident Commander and the Medical Director from that location. Inquiries for this waiver must be submitted to the Incident Commander for each *ArrowCorps*<sup>5</sup> location.

**Everyone who attends the *ArrowCorps*<sup>5</sup> Program will undergo a medical screening upon their arrival at their *ArrowCorps*<sup>5</sup> site. If the requirements of this form are not met, the participant or staff member will not be allowed to participate and will be turned away.**

### **Cardiac and Cardiovascular Illness**

A participant or staff member who has any of the following conditions is required to have a complete evaluation by his/her physician. A letter from the practitioner specifically allowing the participant or staff member to take part in *ArrowCorps*<sup>5</sup> activities must accompany this form. The letter must specify the condition and any limitations. A statement which says **"The patient knows his limitations."** will not be accepted.

1. Angina
2. Myocardial Infarction (heart attack) within the past year
3. Heart Surgery of any type, (congenital heart disease, bypass surgery, or valve surgery)
4. Heart Procedures within the past year (Cardiac Catheterization, PTCA, Arterial Stent Placement, Pacemaker, and Internal Cardiac Defibrillator)
5. Stroke or Transient Ischemic Attacks
6. Extremity Claudication
7. Family History of Heart Disease and sudden death before the age of 50
8. Congestive Heart Failure

It is recommended that these patients have a stress test performed within the six months immediately prior to attending this program. It is also highly recommended that the patients with implanted devices (pacemaker and Internal Cardiac Defibrillators) have their devices checked within six months of the event. Please keep in mind that, even if the tests are negative the multiple stressors on the body may still precipitate problems and the patient will not have immediate access to definitive care due to the remote location of the program sites.

### **Hypertension**

Hypertension has the potential to create multiple complications for those who their hypertension is not well controlled. Unfortunately, the strenuous environment of this program (climatic, altitude, and physical) has the potential for significantly worsening or complicating a patient's hypertension. This could result in, and not limited to, an Acute Coronary Syndrome, an

Acute Myocardial Infarction, an Acute Stroke, or an Acute Hypertensive Emergency. As a result, the patient's blood pressure should be well controlled and screened prior to arrival. No participant or staff member will be allowed out of the base camp area with a blood pressure of 180/85 or greater. The initiation or continuance of diuretic therapy should be reevaluated prior to participation as well. This is because this may result in dehydration in this type of environment.

### **Insulin Dependent Diabetes Mellitus**

During the activities at *ArrowCorps*<sup>5</sup>, the diet will vary. While in the remote activity areas, the food will be of a trail food nature. These foods are usually high in carbohydrates and complex sugars and may result in significant fluctuations in the participant or staff member's blood sugar. In addition, the various strenuous challenges placed on each individual will also affect their glucose and glucose stores. As a result, the examiner needs to be aware that the poorly controlled or very sensitive diabetic should not be in this environment. For the diabetic who does require insulin, there should be a means in place to allow for the participant or staff member to have his insulin near by and the other members of his work crew should be aware of his condition and they should all be able to recognize the common symptoms of high or low blood sugar. They should also be familiar with how to treat either condition.

Any person who has had multiple admissions to the hospital for diabetic ketoacidosis and/or hypoglycemia should not participate in this program. A patient with stable diabetes is encouraged to attend. This is defined by no hospital admissions for hyperglycemia or hypoglycemia within the **past six months** prior to the start of *ArrowCorps*<sup>5</sup>.

### **Excessive Body Weight**

The ability to be physically fit is a part of the Scout Oath. In addition, being over weight places the participant or staff member at a higher risk for potential life threatening conditions in these outer environments. As a result, the participants and staff are required to follow the height and weight guidelines as set forth on page 5. There may be some flexibility in this policy for staff members who are not participating in backcountry work crews.

### **Seizures/Epilepsy**

While the existing diagnosis of a seizure disorder and/or epilepsy should not preclude someone from participating in this event if their seizures have been stable and controlled with anti-seizure medications. Being seizure free for at least 12 months prior to *ArrowCorps*<sup>5</sup> would be considered stable. If the patient has a history of having an unstable seizure pattern when placed into a stressful situation where he/she may have a significant reduction in his/her sleep and changes in his/her diet, than he/she should not be allowed to participate in this program.

### **Respiratory Conditions**

The environmental exposures and strenuous work projects have the potential for providing multiple antigens and or risk factors for the patient with significant airway disease. Whether this is asthma, reactive airway disease, COPD, and/or other restrictive lung disease, significant consideration and discussion with the patient regarding their participation is imperative. Attention needs to be made with the patient with exercise induced asthma and those sensitive to environmental antigens. The ability to treat someone emergently is going to be greatly limited due to the distance to emergency medical personnel and definitive medical facilities. With this in mind anyone who has been hospitalized for any of the above conditions within the past six months will not be allowed in the back country. In addition, anyone who requires the frequent use of a rescue inhaler, or nebulizer, will not be allowed to participate. Anyone who requires the use of a CPAP machine for sleep apnea will not be allowed to participate due to the lack of support for this equipment in most of the locations.

### **Allergies/Anaphylaxis**

The participants and staff will be exposed to numerous environmental elements. These can be in the form of inhaled, ingested, skin contact, bit, and/or, envenomation. If your patient has significant allergies that have required hospitalization within the past six months they will not be able to attend. If they have had minor exposures and reactions which have been adequately treated and controlled with oral medications or suppressive injections then they will be allowed to participate. It is highly recommended that the primary physician or allergist provide the patient with two epi-pens<sup>®</sup> prior to their arrival and provide the patient with the appropriate instructions on how and when to properly use epi-pens<sup>®</sup>.

### **Recent Musculoskeletal Injuries and Orthopedic Surgeries**

If the participant or staff member has had an orthopedic procedure within the **past six months** they will be required to have a letter prepared by their orthopedic surgeon releasing them to participate in the *ArrowCorps*<sup>5</sup> program and the letter must include any limitations and if none exist the letter **must** say so.

### **Psychological and Emotional Difficulties**

If a person is under the direct treatment by a physician for emotional and/or psychological care then the physician needs to be aware that the activities of this program may create both potential physical and emotional stressors. As a result, anyone whose condition(s) is/are not well controlled may need to be excluded from this activity.



**HEALTH & MEDICAL RECORD**  
ORDER OF THE ARROW – BOY SCOUTS OF AMERICA

(Meets BSA Class 3 Physical Requirements)

**General Information:**

Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Council No. \_\_\_\_\_ Lodge Name \_\_\_\_\_ *ArrowCorps*<sup>5</sup> Site(s) \_\_\_\_\_

**Insurance Information:**

Personal Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Insurance Company Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**In case of Emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Alternate Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Past Medical History:**

Yes	No	Condition	Date(s)	Yes	No	Condition	Date(s)
		Allergies				Myocardial Infarction	
		Asthma				Pacemaker	
		CHF				Internal Defibrillator	
		COPD/Emphysema				Cardiac Surgery	
		Sleep Apnea				Fainting Spells	
		Hypertension				Seizure Disorder	
		Stroke/TIA				Ear/Sinus Problems	
		Sickle Cell Disease				GI Problems	
		Hemophilia				Mental Illness	
		Kawasaki's Disease				Joint Problems	
		Rheumatic Fever				Orthopedic Condition	

Please give further information for the items marked with a "yes".

**Allergies:** (List items, Type of Reaction, and any Special Treatment Requirements)

Medications: \_\_\_\_\_  
 Non-Medications: \_\_\_\_\_

**Immunization History:**

Tetanus Toxoid Vaccination:  \_\_\_\_\_ Date of last immunization (Needs to be within the past 7 years)  
 Measles:  Previous Infection  Full Immunization  
 Chicken Pox:  Previous Infection  Full Immunization  
 Hepatitis A:  Previous Infection  Full Immunization

**Medications:**

Medication	Dosage	Frequency	Medication	Dosage	Frequency

## Medical Evaluation

### Physical Examination:

#### Vital Signs:

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_ Temperature: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Normal	Abnormal	System	Explanation of Abnormalities (□ if N/A)
		HEENT	
		Neck	
		Lungs	
		Cardiovascular	
		Abdominal	
		Genitourinary	
		Skin	
		Back	
		Upper Extremities	
		Lower Extremities	
		Neurological	

Special Information:	Yes	No	Explanation of Abnormalities (□ if N/A)
Contact Lens			
Glasses			
Dentures			
Prosthetic Limbs			
Use a wheelchair			
Last Stress Test/Results			
Last Card Cath/Results			

**Restrictions or Limitations:** *(If no limitations exist then state so.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Physician's Approval:

A complete physical examination and review of the medical history must be completed by a licensed Physician to practice medicine. This physical examination may be completed by a nurse practitioner or a certified physician's assistant, but must be reviewed by the supervising physician.

Physician Signature: \_\_\_\_\_ Physician Extender's Signature: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Extender's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Office Phone Number: ( ) \_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization for Participation and Medical Care:** I the undersigned have read and understand this entire form, including the sections entitled "*Information for the Examiner and the Applicant*". The applicant's health history is accurate and complete to the best of my knowledge and the applicant has permission to engage in all *ArrowCorps*<sup>5</sup> activities described, except as specifically noted on this form by me or the physician. If I cannot be reached in an emergency, I hereby give permission for medical personnel, and/or the adult leader in charge, to treat, hospitalize, secure anesthesia, and/or to order injection, surgery or other treatment for the person described herein. I further authorize the *ArrowCorps*<sup>5</sup> medical staff to disclose to, or obtain from, any physician, hospital, or other health care provider, any information reasonably deemed necessary for the applicant's medical treatment.

I hereby authorize the physicians and their associates of the *ArrowCorps*<sup>5</sup> program to perform such diagnostic, medical, and/or surgical treatment on my son or myself as may be deemed medically necessary in order to assure the safety of my son or myself. It is distinctly agreed and understood that the physicians and their associates named-above shall not be responsible in any way for any consequences resulting from said diagnostic, medical, and/or surgical treatment and are fully released from all claims and demands whatsoever which way arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows. I agree to indemnify and hold harmless, the above-named physicians and their associates, representatives, officers, and agents from any and all consequences of such treatment, diagnosis, or surgery provided these duties are performed with ordinary care and to the best of their ability

**The information above is accurate and complete to the best of my knowledge**

\_\_\_\_\_  
Applicant Signature (required) Date

\_\_\_\_\_  
Parent/Guardian Signature Date  
(Required, if applicant is under 18 years of age)

The following is a chart summarizing the height and weight requirements and limitations for those wishing to take part in the Boy Scouts of America's Order of the Arrow *ArrowCorps*<sup>5</sup> Summer Program.

HEIGHT		WEIGHT (POUNDS)	
FT	IN	RECOMMENDED	MAX
5'	0"	97-138	166
5'	1"	101-143	172
5'	2"	104-148	178
5'	3"	107-152	183
5'	4"	111-157	189
5'	5"	114-162	195
5'	6"	118-167	201
5'	7"	121-172	207
5'	8"	125-178	214
5'	9"	129-185	220
5'	10"	132-188	226
5'	11"	136-194	233
6'	0"	140-199	239
6'	1"	144-205	246
6'	2"	148-210	252
6'	3"	152-216	260
6'	4"	156-222	267
6'	5"	160-228	274
6'	6"	164-234	281
6'	7"	170-240	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Department of Agriculture and the Department of Health and Human Services.

**The *ArrowCorps*<sup>5</sup> Medical Staff reserves the right to deny participation of any individual due to extenuating medical conditions or failure to meet medical requirements.**