



## HEALTH AND MEDICAL RECORD (Exceeds BSA Class 3 Requirements)



### THE SEA BASE EXPERIENCE

Climatic conditions include temperatures from 50° to 95° F, high humidity, heat index reaching to 110°, and frequent, sometimes severe, afternoon thunderstorms. Activities include snorkeling, scuba diving, kayaking, canoeing, sailing, hiking, and other activities that may have potential for injury. Sea Base strives to minimize risks to participants and advisors by emphasizing proper safety precautions. Refer to the *Leader's Guidebook* for specific information. Sea Base staff instructs participants in safety measures to be followed. Each participant and crew is expected to follow these safety measures and to accept responsibility for the health and safety of each of its members.

### RECOMMENDATIONS REGARDING CHRONIC ILLNESSES

**Sea Base requires that this information be shared with the parent(s) or guardian(s) and examining physician of every participant. Sea Base does not have facilities for extended care or treatment, therefore, participants who cannot meet these requirements will be sent home at their expense.**

### CARDIAC OR CARDIOVASCULAR DISEASE

Adults or youth having had any of the following should undergo a thorough evaluation by a physician before considering participation at Sea Base.

1. Angina (chest pain caused by heart or coronary artery disease)
2. Myocardial infarction (heart attack)
3. Surgery or angioplasty to treat coronary artery disease; surgery to treat congenital heart disease or other heart surgery
4. Stroke or transient ischemic attacks (TIA's)
5. Claudication (leg pain with exercise caused by hardening of the arteries)
6. Family history of heart disease or a family member who died unexpectedly before age 50
7. Diabetes
8. Smoking and/or Excessive Weight

The physical exertion during a high adventure activity may cause a heart attack or stroke in susceptible persons. An adult who is 40 years of age or older, or who has experienced any of the conditions above, should speak with his or her doctor about the possible need for an exercise stress test with thallium (a metallic element that helps in the diagnosis of stress) within three to six months before the scheduled trip to assess the adequacy of the heart muscle's blood supply. It is recommended that an adult who is over 40 years of age who has not experienced any of the conditions above have an ordinary stress test without thallium. **Even if the stress test is normal, the results of testing done without the exertions of a high adventure program do not guarantee safety.** If test results are abnormal, the individual is advised not to participate.

### HYPERTENSION (HIGH BLOOD PRESSURE)

The combination of stress and heat appear to cause a significant increase in blood pressure in many individuals participating in high adventure. Occasionally, hypertension reaches such a level that it is no longer safe for an individual to engage in strenuous activity. Persons whose blood pressures are increased mildly (greater than 135/85) may benefit from treatment before coming to a high adventure base. Individuals who are hypertensive (having blood pressure greater than 140/90) are urged strongly to be treated and to have normal blood pressure (less than 135/85) before arriving. Medications should be continued during the high adventure program. Those people taking beta-blocker medication should consider a change of medication before participating in the scuba program.

## **INSULIN DEPENDENT DIABETES MELLITUS**

Exercise and the type of food eaten will affect insulin requirements. Any individual with insulin-dependent diabetes mellitus should be able to monitor personal blood glucose and know how to adjust insulin doses based on these factors. The diabetic person also should know how to give a self-injection. Both the diabetic person and one other person in the group should be able to recognize indications of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and to recognize indications of excessively low blood sugar (hypoglycemia). The diabetic person and at least one other individual in the group should know the appropriate initial responses for these conditions.

A diabetic person who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia probably should not participate in a Sea Base high adventure program until better control of the diabetes has been achieved. Any form of diabetes requiring insulin control with medication disqualifies an individual from participation in the scuba program.

## **SEIZURE DISORDERS OR EPILEPSY**

A seizure disorder or epilepsy does not exclude an individual from participating in high adventure. However, the seizure disorder should be well controlled by medications. A seizure-free period of at least one-year is considered adequate. Exceptions to this guideline may be considered by the Sea Base health supervisor and will be based on the specific type of seizure and the likely risks to the individual and to other members of the crew. Any seizure activity regardless of control with medication disqualifies an individual from participation in the scuba program.

## **ASTHMA**

It is expected that an individual with asthma will have consulted a physician in order to establish control of the condition. The asthma should be controlled to essentially normal lung function with the use of oral or aerosol bronchodilators. The patient should bring ample supplies of medication for the entire program. Individuals undergoing allergic desensitization therapy who require injections during their adventure should bring their medications and store a portion at Sea Base upon arrival.

At least one other crewmember should know how to recognize an asthma attack, how to recognize worsening of an attack, and how to administer bronchodilator therapy. Any person who is approved to go to Sea Base who has required medical treatment for asthma within the past six years must carry a full-size prescribed inhaler for the length of the program. Asthmatic individuals whose exercise-induced asthma cannot be prevented with bronchodilator premedication, who require systemic corticosteroid therapy, or who have required multiple hospitalizations for asthma should not attempt to participate in the strenuous activities of high adventure. Any asthma history regardless of control, unless documented by a methacholine challenge test and found to be resolved, disqualifies an individual from participation in the scuba program.

## **PSYCHOLOGICAL AND EMOTIONAL DIFFICULTIES**

A psychological disorder does not necessarily exclude an individual from participation. Parents and advisors should be aware that a Sea Base trip is not designed to assist participants to overcome psychological or emotional problems. Experience demonstrates that these problems frequently become magnified, not lessened, when a participant is subjected to the physical and mental challenges of a high adventure trip. Any condition should be well controlled without the services of a mental health practitioner. Under no circumstance should medication be stopped immediately prior to a Sea Base trip. Participants requiring medication must bring an appropriate supply. Any psychological and emotional difficulties requiring medication may disqualify participation in the scuba program.

## **MEDICATIONS**

Each participant at Sea Base who has a condition requiring medication should bring an appropriate supply and a complete listing of medication prepared by a physician. In certain circumstances duplicate or even triplicate supplies of vital medications are appropriate. People with an allergy to bee, wasp, hornet, or jellyfish sting must bring an EpiPen or equivalent with them to Sea Base.

## SCUBA DIVING

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are extreme dangers. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the instructor before participation in this program. You will also need to learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

**An individual should always contact the family physician first and call Sea Base at 305-664-4173 if there is a question about the advisability of participation. The Sea Base health supervisor reserves the right to make medical decisions regarding the participation of individuals at Sea Base.**

## WEIGHT GUIDELINES FOR HIGH ADVENTURE ACTIVITIES

Any participant or adviser who exceeds the maximum weight limits on the weight chart may want to reconsider participation in a Sea Base high adventure program. Anyone who exceeds these limits is at extreme risk for health problems. Participants who fall within the guidelines are more likely to have an enjoyable program and avoid incurring health risks. The absolute weight limit for our programs is 300 pounds.

The right hand column shows the **maximum recommended weight** for participating in a Sea Base high adventure program. Anyone who exceeds these limits is at extreme risk for health problems. Individuals who exceed these limits may want to reconsider participation in a Sea Base high adventure program. \*

<b>Recommended Weight (lbs.)</b>			
<b>Height</b>	<b>19-34 Years</b>	<b>35+ Years</b>	<b>Maximum</b>
5'0"	97-128	108-138	166
5'1"	101-132	111-143	172
5'2"	104-137	115-148	178
5'3"	107-141	119-152	183
5'4"	111-146	122-157	189
5'5"	114-150	126-162	195
5'6"	118-155	130-167	201
5'7"	121-160	134-179	207
5'8"	125-164	138-178	214
5'9"	129-169	142-183	220
5'10"	132-174	146-188	226
5'11"	129-169	151-194	233
6'0"	140-184	155-199	239
6'1"	144-189	159-205	246
6'2"	148-195	164-210	252
6'3"	152-200	168-216	260
6'4"	156-205	173-222	267
6'5"	160-211	177-228	274
6'6"	164-216	182-234	281

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.

**\*All programs involve snorkeling and entering and exiting a vessel via ladders - No one may participate who exceeds 300 pounds**

**HEALTH AND MEDICAL RECORD**

(Meets BSA Class 3 Requirements)

**CREW #** \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Council Name \_\_\_\_\_ Unit # \_\_\_\_\_ Religious Preference \_\_\_\_\_

**\*PARTICIPANTS MUST BE FOURTEEN (14) YEARS OLD BY SEPTEMBER 1 OF THE YEAR OF PARTICIPATION. SCUBA PARTICIPANTS MUST BE FOURTEEN (14) YEARS OLD BY DATE OF ATTENDANCE. YOU MUST COMPLY WITH THIS REQUIREMENT. SEA BASE CAN MAKE NO EXCEPTIONS.**

**ATTACH A PHOTOCOPY OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE".**

Family Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**In Case of Emergency, Notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Business Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

This health and medical record, including limitations indicated, is valid for participation in Scouting (unit activities, camping, local and national events) for 12 months after date completed by physician. Each participant is subject to a medical recheck at Sea Base. Sea Base recognizes the right of a Scout not to have immunizations, etc. because of religious beliefs, however, a statement signed by the parents is required, indicating that the Scout is free from contagious disease and is able to physically tolerate the conditions as described in this form. Write Sea Base for a copy of the statement.

Sea Base meals consist of a wide variety of fresh foods, canned products, and frozen meats. The menu does not take into account special dietary concerns. If the participant has a problem with the diet described above, contact Sea Base for a copy of the menu and plan to send supplemental food.

**PARTICIPANT HEALTH HISTORY**

**Are you now, or have you ever been treated for any of the following: (Answer "Yes" or "No")**

Sinus trouble \_\_\_\_\_ Kidney disease \_\_\_\_\_ Earaches/infections \_\_\_\_\_ Abdominal problems \_\_\_\_\_ Rheumatic fever \_\_\_\_\_

Hay fever \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Fainting spells \_\_\_\_\_ Epilepsy \_\_\_\_\_ Asthma \_\_\_\_\_

Ear Problems \_\_\_\_\_ Pneumothorax \_\_\_\_\_ Seizures \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Hypertension \_\_\_\_\_

Heart trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent diarrhea \_\_\_\_\_ For Women: menstrual problems \_\_\_\_\_

Any mental illness \_\_\_\_\_ Explain \_\_\_\_\_

Allergies or reactions to any medication \_\_\_\_\_ Allergy to insect or jellyfish stings \_\_\_\_\_

Have you had more than a brief minor illness (24 hrs or more), injury or emotional difficulty during the past year? \_\_\_\_\_

If so, what? \_\_\_\_\_

Operations, serious injuries or hospitalization with date(s), for any reason \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_ Explain \_\_\_\_\_

Have you taken any medication for more than two (2) weeks in the past year? (What? Why?) \_\_\_\_\_

Are you now taking medication or treatment? (Why?) \_\_\_\_\_

List current medications and dosages below:

**MEDICATION**

**DOSAGE**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PARENT'S/GUARDIAN'S AUTHORIZATION  
REQUIRED FOR THOSE UNDER 18 YEARS OF AGE.**

I, the undersigned, have read and understand this entire form, including the sections entitled *PHYSICIAN PLEASE NOTE, THE SEA BASE EXPERIENCE, AND RECOMMENDATIONS REGARDING CHRONIC ILLNESSES*. This health history of the applicant is accurate and complete, and the person herein described has permission to engage in all Sea Base activities described, except as specifically noted on this form by the physician or myself. If I cannot be reached in an emergency, I hereby give permission for health supervisor, or the adult advisor in charge, to treat, hospitalize, secure anesthesia or to order injection, surgery or other treatment needed for the person described herein. While at Sea Base, Sea Base health supervisor has permission to obtain all information connected with treatment by a physician, hospital or other treatment facility.

**NOTE: BE SURE TO BRING MEDICATION NEEDED WHILE AT SEA BASE.**

**INFORMATION ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

# PHYSICIAN'S MEDICAL EVALUATION

## PHYSICIAN PLEASE NOTE

### A. Sea Base is a waterfront program where participants:

- are on or in the water for extended periods of time
- are in high humidity with heat indexes reaching 110 degrees
- experience temperature ranges from 50-90 degrees F

### B. Care for injuries or illness:

- may take 6-12 hours or longer for direct assessment and evacuation
- may be delayed by thunderstorms or other natural problems

## 1. PHYSICAL EXAMINATION:

Height: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Weight: \_\_\_\_\_

Maximum Weight: \_\_\_\_\_ (from chart)

Any individual exceeding the maximum weight of 300 lbs. will not be permitted to participate

	<u>Normal</u>	<u>Abnormal</u>		<u>Normal</u>	<u>Abnormal</u>	<u>Explain any abnormalities below:</u>
Eyes:	<input type="checkbox"/>	<input type="checkbox"/>	<b>Range of Mobility:</b>			_____
Ears:	<input type="checkbox"/>	<input type="checkbox"/>	Knees (both):	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nose:	<input type="checkbox"/>	<input type="checkbox"/>	Ankles (both):	<input type="checkbox"/>	<input type="checkbox"/>	_____
Throat:	<input type="checkbox"/>	<input type="checkbox"/>	Spine:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs:	<input type="checkbox"/>	<input type="checkbox"/>				_____
Heart:	<input type="checkbox"/>	<input type="checkbox"/>	<b>Other:</b>	<u>Yes</u>	<u>No</u>	_____
Abdomen:	<input type="checkbox"/>	<input type="checkbox"/>	Contacts:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genitalia:	<input type="checkbox"/>	<input type="checkbox"/>	Dentures:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin:	<input type="checkbox"/>	<input type="checkbox"/>	Braces:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional	<input type="checkbox"/>	<input type="checkbox"/>	Inguinal Hernia:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adjustment:						

2. **ALLERGIES:** (Any history of, list all problems: to what agent; type of reaction; treatment) \_\_\_\_\_

## 3. IMMUNIZATION HISTORY: (REQUIRED)

Tetanus immunization must have been received within 10 years prior to arrival at Sea Base: Date of Last Inoculation: \_\_\_\_\_

Measles History: Inoculation:  Disease:  Unknown:

## 4. RECOMMENDATIONS AND/OR RESTRICTIONS:

A. I certify that I have, today, reviewed the health history, examined this person, and find him/her physically fit to participate in the Sea Base experience as outlined on this form, including:

Camping/Hiking: \_\_ Yes \_\_ No      Snorkeling: \_\_ Yes \_\_ No      SCUBA diving \_\_ Yes \_\_ No      Other Activities: \_\_ Yes \_\_ No

B. Restrictions (if none, so state) \_\_\_\_\_

5. **PHYSICIAN'S SIGNATURE:** Physician licensed to practice medicine (MD, DO). An examination conducted by a certified physician's assistant or a nurse practitioner will be recognized. (Please include the name and phone number of sponsoring physician)

To Health Care Provider: Do not certify individuals whom:  
⇒ Weigh in excess of 300 pounds  
⇒ Have significant heart disease, asthma, or hypertension  
⇒ Have incompletely controlled psychiatric disorders  
⇒ Are subject to anaphylaxis  
⇒ Does not meet age requirements

Signature: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_

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

**THE SEA BASE HEALTH SUPERVISOR RESERVES THE RIGHT TO DENY THE PARTICIPATION OF ANY INDIVIDUAL ON THE BASIS OF A PHYSICAL EXAMINATION AND/OR THEIR MEDICAL HISTORY. SEA BASE MEDICAL STAFF WILL CHECK ALL MEDICAL EVALUATION FORMS BEFORE A PARTICIPANT BEGINS A TRIP. AREAS OF CONCERN INCLUDE, BUT ARE NOT LIMITED TO: HEART DISEASE, HIGH BLOOD PRESSURE, SEIZURE DISORDER, SICKLE CELL ANEMIA, AND HEMOPHELIA, ASTHMA, DIABETES, AND EXCESSIVE WEIGHT.**

-SEA BASE USE ONLY: DO NOT WRITE IN THIS BOX-

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ RECHECK: \_\_\_\_ YES \_\_\_\_ NO  
REASON: \_\_\_\_\_ RECHECK BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## **RISK ADVISORY** **FLORIDA SEA BASE**

The Florida Sea Base has had an excellent health and safety record from its inception in 1976. The Sea Base strives to minimize risks to participants and adult leaders through emphasizing proper safety precautions. Most Sea Base participants do not experience injury during their adventure precisely because they are aware of the risks involved and because they exercise proper safety precautions. If you are planning to attend the Sea Base, you should be physically fit, have proper clothing and equipment, be willing to follow the instructions of your staff members, work as a team and take responsibility for your own health and safety. By studying the Leader's Guide, the itinerary for your specific program, Scouting Guide to the Florida Keys, and the Guide to Safe Scouting, a crew can be properly prepared for the contingencies that may arise during their adventure.

Parents, guardians, adult leaders and participants in Sea Base programs are advised that Sea Base programs and journeying to and from the Sea Base can involve exposure to accidents, illness and/or injury associated with a physically demanding high adventure program conducted in a sometimes hostile aquatic environment. Participants may be exposed to severe weather conditions such as high heat and humidity, tropical weather and intense tropical sun. Other possibilities include sunburn, heat exhaustion and heat stroke, dehydration, asthma and heart attacks. For participants in the SCUBA programs please read, study and review the special medical constraints.

Sea creatures such as rays, anemones, sea urchins, coral, barracuda and sharks, pose little or no threat if safe distances and respect are given them. You can read more about these sea creatures in A Scouting Guide to the Florida Keys, and also be aware that the Sea Base has a no-touching policy with regard to the coral and creatures of the reef.

The Florida Sea Base is dedicated to the mission of serving young people in a safe, educational, enjoyable, aquatic environment. (We are trained for emergencies and able to act in an expedient manner.) Furthermore, professional medical services such as hospitals and physician's offices are a short distance from Sea Base programs and the Sea Base maintains a fine working agreement with these facilities.

We hope that this information will motivate leaders, parents, guardians and participants to be prepared and informed. By working together as well-prepared and informed Scouters, we can all enjoy a safe Florida Sea Base High Adventure experience.

