



# Utah Conservation Corps Medical History Form

<b>Print Name (Last, First, Middle Initial)</b>	<b>Date of Birth</b> (mm/dd/yy)	<b>Primary Phone</b>
<b>Address (Street, City, State, Zip Code)</b>	<b>E-mail Address</b>	
	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age:</b>

The Utah Conservation Corps experience is extremely demanding both physically and mentally. Each year new members consistently underestimate the physical requirements to complete a term of service. In addition to the physical demands of the projects, you should know that you will be sleeping and living outdoors much of the time in all weather conditions. Strenuous physical activity may include:

- Long days of shoveling, digging and swinging heavy tools repetitively
- Heavy lifting, bending,
- Hiking and carrying 45-65 lb. backpacks at altitudes up to 12,000 ft.
- Working, eating, and living in the outdoors in all weather conditions
- Walking or running on steep or uneven terrain
- Working in extremes of heat or cold

The Utah Conservation Corps wants all its members to complete their term of service successfully. In the past, we have had members fail to complete the program because they underestimated the physical demands placed on them or overestimated their own capabilities. However over the years many participants with a variety of medical/psychological difficulties have successfully completed service terms, due in part to their willingness to share that information and plan accordingly. As the applicant, you are in the best position to evaluate and inform UCC of any medical issues pertaining to your history or current health.

In the event of an emergency UCC staff must be able to contact a designated emergency contact. Please provide at least one primary phone number for each contact. (Under 18 **MUST** Include Parent or Legal Guardian)

<b>Primary Contact:</b>	<b>Secondary Contact:</b>	<b>Father/Mother/Guardian:</b>
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Address: _____	Address: _____	Address: _____
City, State: _____	City, State: _____	City, State: _____
Phone: _____	Phone: _____	Phone: _____
Alt. Phone: _____	Alt. Phone: _____	Alt. Phone: _____

In order to serve with the UCC you must answer the following medical questions. Failure to disclose such information could result in unnecessary exposure, inappropriate treatment or serious harm to you and your crew. Answering yes to any of the following questions **DOES NOT DISQUALIFY** you from serving. In order to provide the safest possible environment for our members, your honesty and openness on the following questions are essential. Our goal is to gather the information necessary to prepare you and your crew with the appropriate knowledge and resources to handle a potential medical crisis. Please check **YES** or **NO** in the following boxes. If **YES**, fill out section completely. If **NO**, move to next section.

**ASTHMA:** UCC work conditions will expose asthmatic participants to conditions that may increase the likelihood of an asthmatic attack. These conditions include heavy aerobic activity, exposure to triggers such as dust and pollens, and increased elevations.

**YES**    If **YES:** 1) Do you carry an inhaler?  **YES**  **NO**  
**If YES, it is your responsibility to carry an inhaler with you at all times when you begin the UCC.**

**NO**        2) List known triggers/hypersensitivities: \_\_\_\_\_  
 3) What actions do you take to increase comfort during an attack?  
 \_\_\_\_\_

**DIABETES:** UCC work conditions frequently include heavy, manual labor which may lead to dehydration. Dehydration may have very serious effects on participants who suffer from diabetes. Additionally, proper insulin storage in an outdoor setting can be extremely challenging.

**YES**    If **YES:** 1) Are you insulin dependent  **YES**  **NO**  
 2) If **YES**, how do you administer your insulin? \_\_\_\_\_  
 **NO**        3) List indicators that would alert your crew of imbalanced insulin/blood sugar levels:  
 \_\_\_\_\_

**ALLERGIES:** UCC work conditions will expose participants who suffer from allergies to conditions that may increase the likelihood of an allergic reaction. These conditions include exposure to allergic triggers such as dust, pollens, insect/spider bites and bee stings. Please list all known allergies. Attach additional sheets if necessary. **(If you have been prescribed Epinephrine for any allergies, it is your responsibility to carry an epi pen with you at all times when you begin with UCC.)**

Allergy	Description of Reaction (Hives, Anaphylactic Shock, Etc.)	Treatment (Medications)	Rx Epinephrine
			Yes/No
			Yes/No
			Yes/No

**General Health Questions:** Please check **YES** or **NO** to indicate if you have had any of the following conditions:

Seizures Yes  No   
 Chronic Injuries Yes  No   
 Surgery Yes  No   
 Heart Condition Yes  No   
 High Blood Pressure Yes  No   
 Bleeding or Blood Disorder Yes  No   
 Chest Pains Yes  No   
 Frequent Dizziness or Fainting Yes  No   
 Cognitive/Behavioral Concerns Yes  No   
 Other(please specify): \_\_\_\_\_

If you answered any General Health Questions with **YES** (or have other health concerns) please explain thoroughly:

**Medications**  **I take NO medications**  I take medications as follows: (attach add'l pages if necessary)

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_ Have been on medication since: \_\_\_\_\_

Side effects: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_ Have been on medication since: \_\_\_\_\_

Side effects: \_\_\_\_\_

Medication #3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_ Have been on medication since: \_\_\_\_\_

Side effects: \_\_\_\_\_

**\*\*\*It is YOUR responsibility to ensure that you have adequate medication when you begin UCC.\*\*\***

**MEMBERS SHOULD READ ALL OF THE FOLLOWING INFORMATION AND SIGN BELOW.**

**OTHER CONSIDERATIONS:** The UCC experience is a physical one and careful consideration should be taken in regards to your health as you prepare to serve. Certain conditions, such as pregnancy or chronic illness, may interfere with your ability to complete your service term. Please also consider any medications you are taking or planning on taking and how the change of lifestyle required by joining the UCC may impact their effects on you. We recommend that incoming UCC participants who are taking potentially mood altering drugs, such as psychotropics or birth control, have done so consistently for a period of at least six months.

**ACCOMMODATIONS:** Designated UCC personnel MUST be made aware of any disability in order to provide reasonable accommodation. It is up to you to determine how much and to whom information about your disability is disclosed. Keep in mind, however, that efforts to provide reasonable accommodations for you depend on the information you provide. An individual with a disability who does not self-disclose has no protection from discriminatory practices under the Americans with Disabilities Act. IF you have a disability, we strongly encourage you to contact UCC so that we can work with you to make as many reasonable accommodations as possible.

**SIGNATURE:** I have read the description of UCC in the introduction of this Medical Form, and I understand that the program is a physically and mentally strenuous activity. The information provided on the preceding pages is a complete and accurate. I realize that failure to disclose such information could result in serious harm to me and/or fellow participants and I agree to indemnify and hold UCC harmless if all relevant information is not disclosed. I also agree to notify UCC should there be any change in my health status prior to my start date.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If applicant is under 18)

\_\_\_\_\_  
Date