

The Philmont Expedition

BSA Medical Forms

Wilderness First Aid Requirements

NCAC HAC Training Session I

November 15, 2020

Tim Atkinson



BSA Medical Forms

- **Must use Current (2019) Edition**
 - for Philmont High Adventure Base
 - <https://www.philmontscoutranch.org/philmonttreks/healthform/>
- **4 Parts:**
 - A (Consent, 1 pg)
 - B (Health History, 2 pg)
 - C (Physical Exam, 1 pg)
 - Risk Advisory (2 pg, give to examiner)



A

Dependence Factor: 10.2

or other parties: _____

Part B1: General Information/Health History

B1

Full name: _____ High-adventure base participant:
 Date of birth: _____ Participant base No.: _____
 or call number: _____

Age: _____ Gender: _____ Height (feet/in): _____ Weight (lbs): _____
 Address: _____
 City: _____ State: _____ ZIP code: _____ Phone: _____
 Unit leader: _____ Unit leader's mobile #: _____
 Council identifier: _____ Unit No.: _____
 Health/First Aid Insurance Company: _____ Policy No.: _____

Please attach a photograph of both sides of the participant card. If you do not have medical insurance, note "none" above.

In case of emergency, notify the parties below:

Name: _____ Relationship: _____
 Address: _____ Home phone: _____ Other phone: _____
 Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Comments	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last blood a percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/heart pain (angina)? Heart surgery, stroke, any artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Autoimmune disease	Last blood test: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Endocrine/adrenal problems	
<input type="checkbox"/>	<input type="checkbox"/>	Severe/chronic joint/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Bone injury/fracture/ill	
<input type="checkbox"/>	<input type="checkbox"/>	Allergic diseases	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/neurological disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Head disorders/dizziness and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Bladder or urinary	Last medical date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Autoimmune/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Stomach issues	
<input type="checkbox"/>	<input type="checkbox"/>	Chronic sleep apnea/obstructive sleep apnea	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgical and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



Prepared. For Life.®

400-PEI
myBSA.org

Part B2: General Information/Health History

B2

Full name: _____ High-adventure base participant:
 Date of birth: _____ Participant base No.: _____
 or call number: _____

Allergies/Medications

DO YOU HAVE AN ALLERGY? ☐ YES ☐ NO DO YOU HAVE AN ASTHMA DEVICE? ☐ YES ☐ NO
 ALLERGY/EXPOSURE Exp. date (if yes) _____ ALLERGY Exp. date (if yes) _____

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect stings/bites	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Notes

☐ YES ☐ NO Do you/guardian medication administration is self-administered with these exceptions: _____

Administration of the above medications is approved for youth by: _____

Participant/guardian

MM/YY, or YA signature (if your child requires approval)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You WILL NOT STOP taking any maintenance medications unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Please immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and fill the date. If immunized, check yes and provide the year received.

Yes	No	Real Disease	Immunization	Year(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Shingles A	
<input type="checkbox"/>	<input type="checkbox"/>		Shingles B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Botulism	
<input type="checkbox"/>	<input type="checkbox"/>		HIV (AIDS, HIV)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemptions to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Reserve for camp or special activity.

Reviewed by: _____

Date: _____

Participant required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



Prepared. For Life.®

400-PEI
myBSA.org



This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-advertising base participants:

Depositions, Issues Vol. 2

it still matters,



You are being asked to verify that the individual has an endorsement for participation in a Juvenile experience. For individuals who will be attending a high-intensity program, including use of the national high-intensity course, please refer to the Supplemental Information on the following page or the form provided by your prison. You can also visit www.revealing.org/national-word-endorsement to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical revolution is to participate	<input type="checkbox"/>	<input type="checkbox"/>	

Yes	No	Allegation or Issue/Claim	Explain	Yes	No	Allegation or Issue/Claim	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plans	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Travel Meetings	

Weight (pounds)	Weight (kg)	MM	Reel Tension	Notes
			1	

	Overall	Overall	Duplicate Measurements
Eye1	<input type="checkbox"/>	<input type="checkbox"/>	
Eye2	<input type="checkbox"/>	<input type="checkbox"/>	
Long1	<input type="checkbox"/>	<input type="checkbox"/>	
Long2	<input type="checkbox"/>	<input type="checkbox"/>	
Abnorm	<input type="checkbox"/>	<input type="checkbox"/>	
GoodReferrals	<input type="checkbox"/>	<input type="checkbox"/>	
MedicationRef	<input type="checkbox"/>	<input type="checkbox"/>	
UnreliableRef	<input type="checkbox"/>	<input type="checkbox"/>	
Other Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Examiner's Certification

I certify that I have reviewed the health history and reviewed this person and find no contraindications to participation in a strength experience. This participant (with noted restrictions):

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Minimum height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no recent falls? / recent illness, long illness, or hospitalization.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or cardiovascular issues in last six months or experienced a fall or other orthopedic injuries or swelling previously.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	Is planning to scales drive, drive real lower distances, anytime, or anytime.

Member's signature: _____ Date: _____

Expenditure related to: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Weight/Weight Restrictions

If you exceed the maximum weight for freight as explained in the following chart and your planned high-volume activity will take you more than 40 miles away from an emergency vehicle serviceable roadway, you may not be allowed to participate.

Maximum weight for height

Flight (airline)	Max. Weight	Flight (airline)	Max. Weight	Flight (airline)	Max. Weight	Flight (airline)	Max. Weight
00	100	05	100	70	220	25	230
01	170	06	201	71	333	26	357
02	170	07	327	72	609	27	674
03	180	08	614	73	640	28	661
04	180	09	382	74	300	75 and over	350



Prepared For Life.

800-571-5757
www.fishbase.org



High-Adventure Risk Advisory to Health-Care Providers and Parents

Phone: 575-378-2251

Website: www.philmontscout ranch.org

Philmont Scout Ranch Experience. The Philmont experience is not risk-free; however, by taking responsibility for one's own health and safety, and cooperating with staff, it's expected that most participants will have an enjoyable, safe Philmont experience.

Please call Philmont at 575-378-2251 if you have any questions. All participants and guests should review all materials and notices related to the experiences they are planning to have at Philmont Scout Ranch.

Risk Advisory. Participants at Philmont should be physically fit, have proper clothing and equipment, be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety. Each crew is required to have at least two members trained in wilderness first aid and CPR.

All staff members are trained in first aid and CPR. They can assist participants in recognizing and responding to accidents, injuries, and illnesses. However, response times are affected by location, terrain, weather, or other circumstances and could be delayed for hours or even days in a wilderness setting.

Barometric/altitude climate can include temperatures from 80 to 130 degrees, low humidity (10% to 30%), and frequent, sometimes severe, thunderstorms. For summer trails:

- Each participant must be able to carry 25% to 35% of their own body weight.
- Each participant must be able to hike 5 to 12 miles per day in a mountain wilderness.
- Elevations range from 6,500 to 12,000 feet over trails that are steep and rocky.

Dependent upon the Autumn Adventure itinerary, similar expectations are in effect.

During a Winter Adventure experience:

- Each participant will walk, ski, or snowshoe along snow-covered trails pulling loaded toboggans or sleds for up to 8 miles per mile on a cross-country ski trail.
- Winter climate conditions can range from -20 to 80 degrees.

Food. If the diet described in the Databook to Adventure does not meet the participant's special dietary needs, contact Philmont directly. Visit the [nutrition/diet page](#) for sample menus and more information.

Immunizations. Each participant must have received a tetanus immunization within the last 10 years. Immunization against contagious diseases is strongly recommended (including MMR, varicella, hepatitis A and B, and meningococcal disease). Participants who do not have immunizations because of medical issues or personal religious beliefs in accordance with New Mexico state law must complete a [Philmont Immunization Exemption Request form](#).

Allergy or Anaphylaxis. People who have had an anaphylactic reaction from any cause will be required to have appropriate treatment (i.e., at least one epinephrine auto-injector) in sufficient quantity to last the entire trip. All members of the crew should know how to administer the auto-injector. If you do not bring an epinephrine auto-injector with you, you will be required to purchase one before you will be allowed to participate.

Philmont Scout Ranch

Medication. Each participant who needs medication must bring enough medicine for the duration of the trip. Be aware that all insulin/insulin injections, etc., are affected by a medication's off-body. It is not uncommon for participants to use more medication quarterly insulin and otherwise than anticipated due to unfamiliar conditions faced on the trail.

Seizures (Epilepsy). The seizure disorder must be well-controlled by medication. A well-controlled disorder in case in which all seizures have passed without a seizure. Individuals with seizure conditions should familiarize others with signs and symptoms in the event that a seizure occurs in the backcountry.

High Blood Pressure. Upon arrival at Philmont, all adult participants may have their blood pressure checked. People diagnosed with hypertension should have controlled blood pressure before attending Philmont and should continue their medications to keep the blood pressure at or near normal levels. Those individuals with a blood pressure consistently greater than 160/95 at Philmont may be kept off the trail.

Diabetes Mellitus. Participants with diabetes can have a successful Philmont experience by good planning prior to their trip. Both the person with diabetes and others in their crew or group need to be able to recognize signs of excessively high or low blood sugar. An insulin-dependent person who was diagnosed or had a change in delivery system (e.g., insulin pump) or change in the last six months is advised to consult with their physician before participating.

Asthma. Asthma must be well-controlled before participating at Philmont. Well-controlled asthma is defined as:

- The use of a rescue inhaler (albuterol) fewer than two times per week (except use for the prevention of exercise-induced asthma); weakened by asthma symptoms less than two times per month.
- Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singulair.

You may not be allowed to participate if:

- You have asthma not controlled by medication; or
- You have been hospitalized/gone to the emergency room to treat asthma in the past six months; or
- You required treatment by oral steroids (corticosteroids) in the past six months.

All members of the crew should know how to assist in administering the rescue inhaler and where the inhaler is located. Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the trip. If you do not bring a rescue inhaler, you must purchase one before you will be allowed to participate.



Prepared. For Life.™

500-371
October 2015






Wilderness First Aid (WFA) Requirements

- **16-hour BSA approved course (e.g., ARC, ECSI)**
 - Usually run over a weekend
 - See DC Metro area providers handout
- **Current CPR certification usually required**
 - Often run in conjunction with WFA course (Fri or Sat night)
 - Separate fee
- **PHILMONT requires TWO (2) crew members**
 - Consider one adult and one Scout
- **Plenty of courses offered**
 - Do NOT wait until June...!



WILDERNESS FIRST AID VENDORS LIST

BSA has identified providers recognized by the following three organizations as meeting the BSA's requirements for WFA training: (1) American Red Cross (ARC) , (2) Emergency Care & Safety Institute (ECSI) , and (3) providers accredited by the American Camp Association (ACA) under the ACA's standard "HW.2.2/ST.3.2 First Aid & Emergency Care Personnel ". Here is a list of WFA course providers in the DC Metropolitan area known to meet these standards:

PRACTITIONERS:

Campaign Pay It Forward (ARC)

www.campaignpayitforward.com – info@campaignpayitforward.com

Center for Wilderness Safety (ACA)

www.wildsafe.com – (855) 505-1700 or (703) 444-9458 - Cliff Castleman

Emergency Response Training (ECSI)

www.onthetrailfirstaid.com - (410) 456-6861 - Saleena DeVore

Emergency Training Resources (ECSI)

www.ETRsafety.com – (703) 771-6092 - Larry Newell - larry.newell1@gmail.com

MEDIC SOLO Disaster + Wilderness Medical School (ACA)

www.solowfa.com - (434) 465-8733 - Matt Rosefsky - matt@solowfa.com

NOLS and REI-Washington DC (ACA)

www.rei.com/event/wilderness-first-aid-with-nols-and-rei/washington-dc/180383

Outdoor Preparedness Initiative-NCAC (ARC)

www.ncachsa.nrg/opi-wfa - Jonathan Bjorson - jonathan.bjorson@gmail.com

Wilderness Safety Council (ACA)

www.wfa.net - (703) 836-8905 - Chris Tate

OTHERS:

Troop 1430 – South Riding VA (ECSI)

Dallas Cecil - dkcecil@earthlink.net - (571) 969-1592

Offers classes in the evenings at low cost.

Troop 420 – Leonardtown MD (ECSI)

Richard Price - richiebob2@gmail.com - (301) 884-8962

Offers classes as needed.

Venturing Crew 80 – Alexandria VA (ARC)

Michael Martin (Associate Advisor) - CPRAEDFAWRFA@comcast.net

Periodically offers Wilderness and other First Aid classes at reduced rates.

REGISTER FOR ALL CLASSES ON THE VENDORS' WEBSITE

