Annual Health and Medical Record
Registro Médico y de Salud Anual

(Valid for 12 calendar months)
(Válido por 12 meses calendario)

Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and release agreement, and talent release statement is to be completed by the participant and parents/guardians. Attach a copy of both sides of your insurance card.

Part C is the pre-participation physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed heath-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle, accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

Part D is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases, as well as unit-based, high-adventure backcountry activities, and shared with the examining health-care provider before completing Part C.

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.
- **Summit Bechtel Reserve.**

Política para el uso del Registro Médico y de Salud Anual

A fin de proporcionar una mejor atención para sus miembros y para ayudarles a entender mejor sus propias capacidades físicas, Boy Scouts of America recomienda que todos aquellos que participen en un evento Scouting se sometan a un examen médico anual realizado por un prestador de servicios de salud certificado y con licencia: un médico (Doctor en medicina o Doctor en osteopatía), enfermera profesional o asistente médico. Proporcionar su información médica en este formulario de cuatro partes, ayudará a asegurar que usted cumple con los estándares mínimos de participación en varias actividades. Tome en cuenta que los líderes de unidad siempre deben proteger la privacidad de los participantes al salvaguardar su información médica.

Las Partes A y B las deben completar, por lo menos una vez al año, los participantes de todos los eventos Scouting. Este historial médico, notificación de consentimiento y convenio de exoneración de responsabilidad por parte de los padres/tutores, y formulario de cesión de derechos lo deben completar los participantes y los padres/tutores. Anexar una copia de ambos lados de su tarjeta del seguro.

La Parte C es el examen físico previo, que se requiere de los participantes de cualquier evento que exceda 72 horas consecutivas, para todos los participantes de las bases de aventura extrema, o cuando la naturaleza de la actividad es extenuante y exigente. Los proyectos de servicio o fines de semana de trabajo pueden caer en esta descripción. La Parte C la debe completar y firmar un prestador de servicios de salud certificado y con licencia: un médico (Doctor en medicina o Doctor en osteopatía), enfermera profesional o asistente médico. Es importante tomar en cuenta que los límites de estatura y peso deben ser estrictamente controlados cuando el evento llevará a la unidad a más de 30 minutos de un vehículo de emergencia, camino accesible, o cuando el programa lo requiera, tal como expediciones, actividades de aventura extrema y proyectos de conservación en áreas remotas. Consulte las Preguntas Frecuentes para cuando estos lineamientos no aplican.

La Parte D se requiere que la revisen todos los participantes del programa de aventura extrema en una de las bases nacionales de aventura extrema, así como actividades de aventura extrema en zonas aisladas basadas en la unidad, y que la compartan con el prestador de servicios de salud antes de completar la Parte C.

- **Rancho Scout Philmont.** Los participantes e invitados en las actividades Philmont que se realicen con acceso limitado a las zonas campestres, incluyendo la mayoría de las conferencias y programas familiares en el Centro de Capacitación Philmont, no requerirán llenar la Parte C. Sin embargo, los participantes deberán repasar la Parte D para entender los riesgos potenciales inherentes a los 6,700 pies de elevación en un ambiente seco del Suroeste. Favor de revisar la información de registro específica para la actividad o evento.
- **Base nacional de aventura extrema Northern Tier.**
- **Base nacional marina de aventura extrema de la Florida.** También se requiere el formulario médico PADI si se va a bucear en esta base.
- **Summit Bechtel Reserve.**

Risk Factors

Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/ psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: www.philmontscoutranch.org or 575-376-2281
- Northern Tier National High Adventure Program: www.ntier.org or 218-365-4811
- Florida National High Adventure Sea Base: www.bsaseabase.org or 305-664-5612
- National Scout jamboree: www.bsajamboree.org
- Summit Bechtel Reserve: www.summitblog.org or 304-250-6750

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at http://www.scouting.org/scoutsource/HealthandSafety.aspx. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at www.hhs.gov/ocr/privacy/.

Factores de riesgo

Con base en la gran experiencia de la comunidad médica, BSA ha identificado los siguientes factores de riesgo que podrían limitar su participación en varias aventuras al aire libre.

- Peso corporal excesivo
- Enfermedad cardiaca
- Hipertensión (Presión arterial alta)
- Diabetes
- Convulsiones
- Falta de vacunación adecuada
- Asma
- Alergias/anafilaxia
- Lesiones musculares/ óseas
- Trastornos psiquiátricos/ psicológicos y emocionales

Para obtener más información sobre los factores de riesgo médicos, visite Scouting Safely en www.scouting.org.

Prescripciones

Tomar los medicamentos prescritos es responsabilidad del individuo que requiere el medicamento o del padre de familia o tutor del individuo. Un líder, después de haber obtenido toda la información necesaria, puede aceptar la responsabilidad de asegurarse de que un niño tome el medicamento necesario a la hora apropiada, pero BSA no obliga ni necesariamente anima al líder a que lo haga. Asimismo, si las leyes estatales son más limitantes, deben ser cumplidas.

Preguntas frecuentes

- Rancho Scout Philmont: www.philmontscoutranch.org ó 575-376-2281
- Base nacional de aventura extrema Northern Tier: www.ntier.org ó 218-365-4811
- Base nacional marina de aventura extrema de la Florida: www.bsaseabase.org ó 305-664-5612
- Jamboree Scout Nacional: www.bsajamboree.org
- Summit Bechtel Reserve: www.summitblog.org ó 304-250-6750

Para consultar las preguntas frecuentes sobre este Registro Médico y de Salud Anual, consulte Scouting Safely en línea en http://www.scouting.org/scoutsource/HealthandSafety.aspx. La información sobre la Ley de responsabilidad y transferibilidad de seguros médicos (HIPAA, por sus siglas en inglés) se encuentra en www.hhs.gov/ocr/privacy/.

Annual Health and Medical Record
Registro Médico y de Salud Anual
Part A/Parte A

High-adventure base participants:
Participantes en la base de aventura extrema:
Expedition/crew No.
Expedición/grupo no.: _____
or staff position
o puesto fijo: _____

GENERAL INFORMATION/INFORMACIÓN GENERAL

Name _____ Date of birth _____ Age _____ ◯ Male ◯ Female
Nombre Fecha de nacimiento (DD/MM/Year) - (DD/MM/Año) Edad Masculino Femenino

Address _____ Grade completed (youth only) _____
Domicilio Grado escolar completado (sólo niños)

City _____ State _____ Zip _____ Phone No. _____
Ciudad Estado Código postal No. telefónico

Unit leader _____ Council name/No. _____ Unit No. _____
Líder de la unidad Nombre y no. del concilio No. de unidad

Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
No. de Seguro Social (opcional; puede ser solicitado por las instalaciones médicas para brindar tratamiento) Preferencia religiosa

Health/accident insurance company _____ Policy No. _____
Compañía de seguro médico/accidental No. de póliza

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF YOU DO NOT HAVE MEDICAL INSURANCE, ENTER "NONE" ABOVE.
ANEXAR UNA FOTOCOPIA DE AMBOS LADOS DE LA TARJETA DEL SEGURO. SI USTED NO TIENE SEGURO MÉDICO, ESCRIBA "NINGUNO."

In case of emergency, notify/En caso de emergencia, notificar a:

Name _____ Relationship _____
Nombre Parentesco

Address _____
Domicilio

Home phone _____ Business phone _____ Mobile phone _____
Teléfono de casa Teléfono de oficina Teléfono móvil

Alternate contact name _____ Alternate's phone _____
Nombre de contacto alterno Teléfono del contacto alterno

HEALTH HISTORY/HISTORIAL MÉDICO

Do you currently have, or have you ever been treated for any of the following?
¿Tiene actualmente, o ha tenido alguna vez los siguientes?

Please fill in the bubbles as indicated below:
Por favor rellene los círculos tal como se indica a continuación:
Incorrect: ✓ ✗ ◒ Incorrecto
Correct: ● Correcto

Yes/Sí	No/No	Condition/Padecimiento	Explain/Explique
◯	◯	**Asthma** Asma — **Last attack:** (MM/YY) Último ataque: (MM/AA) ☐☐/☐☐	
◯	◯	**Diabetes** Diabetes — **Last HbA1c:** (Percentage) Última HbA1c: (Porcentaje) ☐☐.☐ %	
◯	◯	**Hypertension (high blood pressure)** Hipertensión (presión alta)	
◯	◯	**Heart disease/heart attack/chest pain/heart murmur** Enfermedad del corazón/infarto/dolores de pecho/soplo cardíaco	
◯	◯	**Stroke/TIA** Apoplejía/Accidente isquémico transitorio	
◯	◯	**Lung/respiratory disease** Enfermedades pulmonares/respiratorias	
◯	◯	**Ear/sinus problems** Problemas del oído/senos paranasales	
◯	◯	**Muscular/skeletal condition** Condiciones musculares/óseas	
◯	◯	**Menstrual problems (women only)** Problemas menstruales (sólo mujeres)	
◯	◯	**Psychiatric/psychological and emotional difficulties** Dificultades psiquiátricas/psicológicas y emocionales	
◯	◯	**Behavioral/neurological disorders** Trastornos de conducta/neurológicos	
◯	◯	**Bleeding disorders** Enfermedades hemorrágicas	
◯	◯	**Fainting spells** Desmayos	
◯	◯	**Thyroid disease** Enfermedades de la tiroides	
◯	◯	**Kidney disease** Enfermedades del riñón	
◯	◯	**Sickle cell disease** Anemia falciforme	
◯	◯	**Seizures** Convulsiones — **Last seizure:** (MM/YY) Última convulsión: (MM/AA) ☐☐/☐☐	
◯	◯	**Sleep disorders (e.g., sleep apnea)** Trastornos del sueño (por ejemplo, síndrome de apnea-hipopnea durante el sueño)	Use CPAP: Usa CPAP ◯ Yes Sí ◯ No No
◯	◯	**Abdominal/digestive problems** Problemas abdominales/digestivos	
◯	◯	**Surgery** Cirugía — **Last surgery:** (MM/YY) Última cirugía: (MM/AA) ☐☐/☐☐	
◯	◯	**Serious injury** Lesión grave	
◯	◯	**Excessive fatigue or shortness of breath with exercise** Fatiga en exceso o dificultad para respirar al hacer ejercicio	
◯	◯	**Other** Otro	

Emergency contact No.: Teléfono en caso de emergencia
Allergies: Alergias
DOB: Fecha de nacimiento
Full name: Nombre completo
Part A Parte A

PART A (*continued on next page*)

HEALTH HISTORY/HISTORIAL MÉDICO

Are you allergic to or do you have any adverse reaction to any of the following?
¿Es alérgico a, o le causa alguna reacción adversa cualquiera de los siguientes?

Please fill in the bubbles as indicated:
Por favor rellene los círculos tal como se indica:

Incorrect: ✓ ✗ ◒ Incorrecto

Correct: ● Correcto

Yes/Sí	No/No	Allergies or Reaction to Alergias o Reacciones a	Explain Explique
○	○	**Medication** Medicamentos	
○	○	**Food, plants, or insect bites** Alimentos, plantas o picaduras de insectos	

The following immunizations are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/YY).

BSA recomienda las siguientes vacunas. **La vacuna contra el Tétanos es obligatoria y debe haberla recibido en los últimos 10 años.** Por cada punto, indique si ha sido vacunado, la fecha en que la recibió (MM/AA), si ha padecido la enfermedad, y la fecha (MM/AA).

Immunized? ¿Vacunado?		Immunizations Vacunas	Date (MM/YY) Fecha (MM/AA)	Had Disease? ¿La ha padecido?		Date (MM/YY) Fecha (MM/AA)
Yes/Sí	No/No			Yes/Sí	No/No	
○	○	**Tetanus** Tétano	☐☐/☐☐	○	○	
○	○	**Pertussis** Tos ferina		○	○	
○	○	**Diphtheria** Difteria		○	○	
○	○	**Measles** Sarampión		○	○	
○	○	**Mumps** Paperas		○	○	
○	○	**Rubella** Rubéola		○	○	
○	○	**Polio** Polio		○	○	
○	○	**Chicken pox** Varicela		○	○	
○	○	**Hepatitis A** Hepatitis A		○	○	
○	○	**Hepatitis B** Hepatitis B		○	○	
○	○	**Meningitis** Meningitis		○	○	
○	○	**Influenza** Influenza		○	○	
○	○	**Other (i.e., HIB)** Otra (por ejemplo, HIB)		○	○	
○		**Exemption to immunizations claimed (form required).** Exención de vacunas solicitada (formulario obligatorio).				

MEDICATIONS List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

○ No medications
Sin medicamentos

○ Additional medications (sheet attached)
Medicamentos adicionales (hoja anexa)

MEDICAMENTOS Enumere todos los medicamentos que usa en la actualidad. (Si requiere espacio adicional, favor de sacar una fotocopia de esta parte del formulario.) Se debe incluir información sobre inhaladores y EpiPen, incluso si son sólo para uso ocasional o en caso de emergencia.

Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____
Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____

Administration of the above medications is approved by (if required by your state): _____ / _____

La administración de los medicamentos arriba mencionados está aprobada por (si lo requiere su estado) — Parent/guardian signature / Firma del padre o tutor — and/or / y/o — MD/DO, NP, or PA signature / Firma del Dr., Enfermera profesional, Asistente médico

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

Asegurarse de traer los medicamentos en cantidades suficientes y en los envases originales. Asegurarse de que NO ESTÉN CADUCADOS, incluyendo inhaladores y EpiPens. NO DEBE DEJAR DE tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico.

DOB: _____ Fecha de nacimiento

Full name: _____ Nombre completo

Part A Parte A

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High-adventure base participants:
Participantes en la base de aventura extrema:
Expedition/crew No./Expedición/grupo no.: _____
or staff position/o puesto fijo: _____

Part B/Parte B

INFORMED CONSENT AND RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

NOTIFICACIÓN DE CONSENTIMIENTO Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. Asimismo, entiendo que la participación en dichas actividades es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes.

En caso de que yo, o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se hará todo lo posible para contactar al individuo mencionado como persona a contactar en caso de emergencia. En caso de que dicha persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para asegurar que se proporcione el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores médicos están autorizados a compartir información médica protegida con el adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier médico o proveedor de servicios médicos involucrado en la administración de atención médica al participante. La Información médica protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc., y siguientes como se enmiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y tratamiento proporcionado para propósitos de evaluación médica del participante, seguimiento y comunicación con los padres o tutor del participante, y determinación de la habilidad del participante de continuar con las actividades del programa.

He considerado cuidadosamente el riesgo implicado y he dado el consentimiento para mí mismo o mi hijo de participar en dichas actividades. Apruebo que se comparta la información contenida en este formulario con los voluntarios y profesionales de BSA que necesiten tener conocimiento de condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting de manera segura.

Eximo a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda reclamación o responsabilidad que surja a raíz de esta participación.

◯ Without restrictions./Sin restricciones.

◯ With special considerations or restrictions (list)/Con condiciones especiales o restricciones (lista):

_____

_____

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

◯ Yes/Sí

◯ No/No

Por este conducto asigno y otorgo al concilio local y a Boy Scouts of America el derecho y permiso para usar y publicar las fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exonero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación.

Por este conducto autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.

DOB: _____ Fecha de nacimiento

Full name: _____ Nombre completo

Part B Parte B

PART B (*continued on next page*)

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

ADULTOS AUTORIZADOS PARA TRANSPORTAR AL NIÑO HACIA Y DESDE LOS EVENTOS:

Debe designar por lo menos a un adulto. Por favor incluya un número telefónico.

1. Name/Nombre _____ Telephone/Teléfono _____

2. Name/Nombre _____ Telephone/Teléfono _____

3. Name/Nombre _____ Telephone/Teléfono _____

Adults NOT authorized to take youth to and from events/Adultos NO autorizados para transportar al niño hacia y desde los eventos:

1. Name/Nombre _____ Telephone/Teléfono _____

2. Name/Nombre _____ Telephone/Teléfono _____

3. Name/Nombre _____ Telephone/Teléfono _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve: I have also read and understand the risk advisories explained in Part D, *including height and weight requirements and restrictions,* and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad.

Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve: También he leído y entiendo las advertencias de riesgo explicadas en la Parte D, *incluyendo los requisitos y restricciones de estatura y peso*, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas específicamente señaladas por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de el padre/madre o tutor.

Participant's name/Nombre del participante _____

Participant's signature/Firma del participante _____ Date/Fecha _____

Parent/guardian's signature/Firma del padre o tutor _____ Date/Fecha _____
(if participant is under the age of 18/si el participante es menor de 18 años)

Second parent/guardian signature/Firma del otro padre o tutor _____ Date/Fecha _____
(if required; for example, CA/si se requiere; por ejemplo en CA)

This Annual Health and Medical Record is valid for 12 calendar months.
Este Registro Médico y de Salud Anual tiene vigencia por 12 meses calendario.

Part B Parte B

Full name: Nombre completo _____

DOB: Fecha de nacimiento _____

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Part C/Parte C
Pre-participation Physical
Examen físico previo a la participación

High-adventure base participants:
Participantes en la base de aventura extrema:
Expedition/crew No.
Expedición/grupo no.:_____
or staff position
o puesto fijo: _____

TO THE EXAMINING HEALTH CARE PROVIDER
(Certified and licensed physicians [MD, DO], nurse practitioners, and physician assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience as described in Part D. For individuals who will be attending a high-adventure program, either unit-based or at one of the national high-adventure bases, please refer to Part D for additional information.

PARA EL PROVEEDOR DE SERVICIOS DE SALUD QUE REALICE EL RECONOCIMIENTO (Médicos certificados y licenciados, enfermeras profesionales y asistentes médicos)

Se les está solicitando que certifiquen que este individuo no tiene contraindicación para participar en una experiencia Scouting tal como se describe en la Parte D. Para individuos que estarán participando en un programa de aventura extrema, ya sea en la unidad o en una de las bases nacionales de aventura extrema, por favor consulte la Parte D para información adicional.

Height (inches) / Estatura (pulgadas) ☐☐.☐
Weight (pounds) / Peso (libras) ☐☐☐.☐
Maximum weight for height / Máximo peso para la estatura ☐☐☐
Meets height/weight limits / Cumple con los límites de estatura/peso ◯ Yes/Sí ◯ No/No

Blood pressure / Presión arterial ☐☐☐/☐☐☐
Pulse / Pulso ☐☐☐
Percent body fat (optional) / Porcentaje de grasa corporal (opcional) ☐☐☐.☐

If you exceed the maximum weight for height as explained on the next page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisers of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a hydrostatic weighing or DXA test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

Si usted excede el peso máximo para su estatura tal como se explica en la siguiente página y su actividad de aventura extrema planeada le llevará a más de 30 minutos de distancia de una vía con acceso para un vehículo de emergencia, usted **no podrá** participar. A juicio de los consejeros médicos del evento o campamento, la participación de un individuo que exceda el peso máximo para su estatura puede permitirse si el porcentaje de grasa corporal medida por el proveedor de servicios de salud determina que es 20 por ciento o menos para una mujer o 15 por ciento o menos para un hombre. (Philmont requiere que se use una prueba de peso hidrostático o de densitometría ósea para determinarlo). Por favor llame al líder del evento o del campamento si tiene preguntas. El cumplimiento de los lineamientos de estatura y peso se recomienda encarecidamente para todos los demás eventos.

Examiner: Please fill in the information.
Examinador: Favor de completar la información.

Please fill in the bubbles as indicated: / Por favor rellene los círculos tal como se indica: Incorrect: / Incorrecto ✓ ✗ ◒ Correct: / Correcto ●

	Normal / Normal	Abnormal / Anormal	Explain Any Abnormalities / Explique cualquier anomalía
Eyes Ojos	◯	◯	
Ears Oídos	◯	◯	
Nose Nariz	◯	◯	
Throat Garganta	◯	◯	
Lungs Pulmones	◯	◯	
Neurological Neurológico	◯	◯	
Heart Corazón	◯	◯	
Abdomen Abdomen	◯	◯	
Genitalia/hernia Genitales/hernia	◯	◯	
Skin Piel	◯	◯	
Emotional adjustment Ajuste emocional	◯	◯	

	Normal / Normal	Abnormal / Anormal	Explain Any Abnormalities / Explique cualquier anomalía
Knees (both) Rodillas (ambas)	◯	◯	
Ankles (both) Tobillos (ambos)	◯	◯	
Spine Espina	◯	◯	

Other / Otro	Yes / Sí	No / No	Explain / Explique
Personal or family history of heart disease Historial personal o familiar de enfermedad cardíaca	◯	◯	
Medical equipment (i.e., CPAP, oxygen) Equipo médico (por ejemplo, CPAP, oxígeno)	◯	◯	
Contacts Lentes de contacto	◯	◯	
Dentures Dentaduras	◯	◯	
Braces Tratamientos de ortodoncia	◯	◯	

Tuberculosis (TB) skin test (if required by your state for BSA camp staff): ◯ Negative/Negativo ◯ Positive/Positivo
Prueba de Tuberculosis (TB) (si lo requiere su estado para personal del campamento BSA)

Allergies/Alergias: ◯ No/No ◯ Yes/Sí (explain to what agent, type of reaction, treatment/explique a qué agente, tipo de reacción, tratamiento):

Medical restrictions to participate/Restricciones médicas para participar: ◯ No/No ◯ Yes/Sí (explain/explique):

DOB: _____ Fecha de nacimiento

Part C Full name: _____ Parte C Nombre completo

PART C (*continued on next page*)

Part C Parte C

Full name: Nombre completo

DOB: Fecha de nacimiento

EXAMINER'S CERTIFICATION
CERTIFICACIÓN DEL EXAMINADOR

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

Certifico que he revisado el historial médico, examinado a esta persona y no encuentro contradicciones para su participación en una experiencia Scouting. Este participante (con las restricciones descritas anteriormente):

Please fill in the bubbles as indicated:
Por favor rellene los círculos tal como se indica:
Incorrect: Incorrecto ✓ ✗ ◒ Correct: Correcto ●

True Cierto	False Falso	
○	○	**Meets height/weight requirements** Cumple con los requisitos de estatura/peso
○	○	**Does not have uncontrolled heart disease, asthma, or hypertension** No tiene cardiopatía, asma o hipertensión incontrolados
○	○	**Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician** No ha tenido una lesión ortopédica, problemas musculoesqueléticos o cirugía ortopédica en los últimos seis meses o posee una carta de autorización por parte de su cirujano ortopédico o médico
○	○	**Has no uncontrolled psychiatric disorders** No tiene trastornos psiquiátricos incontrolados
○	○	**Has had no seizures in the last year** No ha tenido convulsiones en el último año
○	○	**Does not have poorly controlled diabetes** No tiene diabetes mal controlada
○	○	**If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures** Si tiene menos de 18 años de edad y piensa realizar buceo, no tiene diabetes, asma o convulsiones
○	○	**I have reviewed Part D for high-adventure activities.** He revisado la Parte D para actividades de aventura extrema.

Provider printed name
Nombre del proveedor _____

Address
Domicilio _____

City, state, zip
Ciudad, estado, código postal _____

Office phone
Teléfono del consultorio _____

Date
Fecha _____

Examiner signature in the box below.
Firma del examinador en el recuadro de abajo.

Height (inches) Estatura (pulgadas)	Recommended Weight (lbs) Peso recomendado (libras)	Allowable Exception Excepción permitida	Maximum Acceptance Aceptación máxima
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

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

Esta tabla está basada en los Lineamientos dietéticos para estadounidenses del Departamento de Agricultura de los EE.UU. y del Departamento de Salud y Servicios Humanos.

DO NOT WRITE IN THIS BOX
NO ESCRIBA EN ESTE RECUADRO

REVIEW FOR CAMP OR SPECIAL ACTIVITY/REVISIÓN PARA CAMPAMENTO O ACTIVIDAD ESPECIAL

Reviewed by
Revisado por _____

Date
Fecha _____

Further approval required ○ Yes Sí ○ No No
Se requiere aprobación adicional

Reason
Razón _____

Approved by
Aprobado por _____

Date
Fecha _____

Click here for more information regarding high-adventure outings or go to www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf.
Haga clic aquí para obtener más información sobre las excursiones de aventura extrema o visite www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf.

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Part D: High-Adventure Notes to Physicians and Parents

Participation at any of the BSA's high-adventure bases or in any unit high-adventure backcountry activities can be physically, mentally, and emotionally demanding. To be better prepared, each participant must complete the following before attending any high-adventure base or participating in any high-adventure backcountry activity:

- Fill in parts A and B of the Annual Health and Medical Record.
- Share Part D with the examining health-care provider.
- Have a physical exam by a certified and licensed health-care provider/physician (MD, DO), nurse practitioner, or physician assistant, and have part C completed.
- Read the following information, which focuses on specific risks at the high-adventure base you will be attending.

The Trek Experience. Each high-adventure base offers a unique experience that is not risk-free. Knowledgeable staff will instruct all participants in safety measures to be followed. Be prepared to listen to and carefully follow these safety measures and to accept responsibility for the health and safety of yourself and others.

Philmont. Each participant must be able to carry a 35- to 50-pound pack while hiking 5 to 12 miles per day in an isolated mountain wilderness ranging from 6,500 to 12,500 feet in elevation. Summer/autumn climatic conditions include temperatures from 30 to 90 degrees, low humidity (10 to 30 percent), and frequent, sometimes severe, afternoon thunderstorms. Activities include horseback riding, rock climbing and rappelling, challenge events, pole climbing, black powder shooting, 12-gauge trap shooting, .30-06 shooting, trail building, mountain biking, and other activities that have potential for injury.

Winter climatic conditions can range from -20 to 60 degrees. For the Winter Adventure, each person will walk, ski, or snowshoe along snow-covered trails pulling loaded toboggans or sleds for up to 3 miles, or more on a cross-country ski trek. Refer to the Philmont Scout Ranch website for specific information.

Northern Tier. Each person must be able to carry a 50- to 85-pound pack or canoe from a quarter-mile to 2 miles several times a day on rough, swampy, and rocky portages and paddle 10 to 15 miles per day, often against a headwind.

Climatic conditions can range from 30 to 100 degrees in summer/autumn and from -40 to 40 degrees in the winter. For the Okpik Experience, each person will walk, ski, or snowshoe along snow-covered trails or across frozen lakes, pulling loaded toboggans or sleds for up to 3 miles, or more if on a cross-country ski trek. Refer to the Northern Tier website for specific information.

Florida Sea Base. Climatic conditions at Florida Sea Base include temperatures ranging from 50 to 95 degrees, high humidity, heat index reaching to 110 degrees, and frequent, sometimes severe, afternoon thunderstorms. Activities include snorkeling, scuba diving, kayaking, canoeing, sailing, hiking, and other activities that have potential for injury. Refer to the Sea Base website for specific information.

Parte D: Notas para médicos y padres de familia sobre aventura extrema

La participación en cualquiera de las bases de aventura extrema de BSA, o en cualquier actividad de aventura extrema en terrenos campestres aislados puede ser física, mental y emocionalmente agotadora. Para estar mejor preparado, cada participante debe completar lo siguiente antes de acudir a cualquier base de aventura extrema o de participar en cualquier actividad de aventura extrema en terrenos campestres aislados:

- Completar las partes A y B del Registro Médico y de Salud Anual.
- Compartir la parte D con el proveedor de atención médica que realizará el reconocimiento.
- Someterse a un examen físico por un proveedor de atención médica/médico (MD, DO), enfermera profesional o asistente médico certificado y licenciado y que éste complete la parte C.
- Leer la siguiente información que se enfoca en riesgos específicos en la base de aventura extrema a la que acudirá.

Experiencia en las caminatas. Cada base de aventura extrema ofrece una experiencia única que implica riesgos. El personal experto dará instrucciones a todos los participantes con respecto a las medidas de seguridad que se deben seguir. Prepárese para escuchar y seguir con atención dichas medidas y a aceptar la responsabilidad por la salud y seguridad de usted y los demás.

Philmont. Cada participante debe poder cargar una mochila con un peso de entre 35 y 50 libras en un trayecto de 5 a 12 millas por día en un ambiente montañoso, silvestre y aislado con una elevación entre 6,500 y 12,500 pies. Las condiciones climatológicas del verano/otoño incluyen temperaturas de los 30 a los 90 grados, poca humedad (10 a 30 por ciento) y frecuentes, e incluso severas tormentas eléctricas por la tarde. Las actividades incluyen montar a caballo, escalar en roca, rapel, eventos desafiantes, treparse a un mástil, disparo con pólvora, tiro al vuelo de calibre 12, tiro con cartucho .30-06, senderismo, bicicleta de montaña y otras actividades que tienen posibilidades de causar lesiones.

Las condiciones climáticas invernales pueden abarcar de -20 a 60 grados. Para la Aventura invernal, cada persona caminará, esquiará o caminará con raquetas para nieve a lo largo de senderos cubiertos de nieve jalando trineos de carga durante tres millas de distancia o más en un sendero para esquí a campo traviesa. Consulte el sitio web del Rancho Scout Philmont para obtener información específica.

Northern Tier. Cada persona debe poder cargar una mochila de 50 a 85 libras o una canoa entre media milla y dos millas varias veces al día en lugares escabrosos, pantanosos y rocosos y remar de 10 a 15 millas por día, con frecuencia con viento de frente.

Las condiciones climáticas pueden variar entre los 30 y 100 grados en el verano/otoño y de -40 a 40 grados en el invierno. Para la Experiencia Okpik, cada persona caminará, esquiará o caminará con raquetas para nieve a lo largo de senderos cubiertos de nieve o a través de lagos congelados jalando trineos de carga durante tres millas de distancia o más en un sendero para esquí a campo traviesa. Consulte el sitio web de Northern Tier para obtener información específica.

Base Marina de la Florida. Las condiciones climáticas en la Base Marina de la Florida incluyen temperaturas que van desde los 50 hasta los 95 grados, humedad elevada, e índice de calor que alcanza los 110 grados y hay frecuentes e incluso severas, tormentas eléctricas por la tarde. Las actividades incluyen snorkel, buceo, kayak, canotaje, vela, excursión, y otras actividades que pueden causar lesiones. Consulte el sitio web de la Base Marina para obtener información específica.

PART D (*continued on next page*)

Risk Advisory. All of the high-adventure bases have excellent health and safety records and strive to minimize risks to participants and advisors by emphasizing appropriate safety precautions. Because most participants are prepared, are conscious of risks, and take safety precautions, they do not experience injuries. If you decide to attend Philmont, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, you should be physically fit, have proper clothing and equipment, and be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety.

Parents, guardians, and participants in any high-adventure program are advised that journeying to and from these bases can involve exposure to accidents, illness, and/or injury.

High-adventure staff members have been trained in first aid, CPR, and accident prevention and are prepared to assist the adult advisor in recognizing, reacting to, and responding to accidents, injuries, and illnesses as needed. Each crew is required to have at least one member trained in wilderness first aid and CPR. Medical and search-and-rescue services are provided in response to an accident or emergency. **However, response times can be affected by location, terrain, weather, or other emergencies and could be delayed for hours or even days in a wilderness setting.**

Philmont. Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, should review Part D to understand potential health risks inherent at 6,700 feet in elevation in a dry Southwest environment.

High elevation; physically demanding high-adventure program in remote mountainous areas; camping while being exposed to occasional severe weather conditions such as lightning, hail, flash floods, and heat; and other potential problems, including injuries from tripping and falling, falls from horses, heat exhaustion, and motor vehicle accidents, can worsen underlying medical conditions. Philmont's trails are steep and rocky. Wild animals such as bears, rattlesnakes, and mountain lions are native and usually present little danger if proper precautions are taken. Please call Philmont (575-376-2281) if you have any questions.

Northern Tier. While participating in Northern Tier's canoeing and camping wilderness areas, life jackets must be worn at all times when on the water. Crew members travel together at all times. Emergency communications via radio, and in more remote locations by satellite phone, are provided by Northern Tier. Radio communication and/or emergency evacuation can be hampered by weather, terrain, distance, equipment malfunction, and other factors, and are not a substitute for taking appropriate precautions and having adequate first-aid knowledge and equipment. Please call Northern Tier (218-365-4811) if you have any questions.

Florida Sea Base. Several activities are offered, including snorkeling, sailing, camping, kayaking, canoeing, swimming, fishing, and scuba diving. Diving is an exciting and demanding activity. When performed correctly, it is very safe. When established safety procedures are not followed, however, there are extreme dangers. All participants will 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, so participants must be instructed to use the equipment safely under direct supervision of a qualified instructor.

Advertencia de riesgo. Todas las bases de aventura extrema tienen excelentes antecedentes de salud y seguridad y se esfuerzan por minimizar los riesgos para los participantes y asesores haciendo hincapié en las precauciones de seguridad adecuadas. Ya que la mayoría de los participantes están preparados, tienen conciencia de los riesgos y toman precauciones de seguridad, no experimentan lesiones. Si usted decide acudir a Philmont, Northern Tier, Base Marina de la Florida o Summit Bechtel Reserve, usted deberá estar en forma física, tener indumentaria y equipo adecuado, y estar dispuesto a seguir instrucciones, trabajar en equipo con su grupo y hacerse responsable de su propia salud y seguridad.

Los padres, tutores y participantes de cualquier programa de aventura extrema son notificados de que el recorrido hacia y desde dichas bases puede implicar exposición a accidentes, enfermedades o lesiones.

Los miembros del personal de aventura extrema han sido capacitados en primeros auxilios, RCP y prevención de accidentes, y están preparados para ayudar al asesor adulto a reconocer, reaccionar y responder ante accidentes, lesiones y enfermedades según sea necesario. Se requiere que cada grupo tenga por lo menos un miembro capacitado en primeros auxilios en la naturaleza y RCP. Los servicios médicos y de búsqueda y rescate son proporcionados como respuesta ante un accidente o emergencia. **Sin embargo, los tiempos de respuesta pueden verse afectados por la ubicación, el terreno, el tiempo, u otras emergencias y puede retrasarse por horas o incluso días en un entorno silvestre.**

Philmont. Los participantes e invitados de las actividades Philmont que se realicen con acceso limitado a las zonas campestres, incluyendo la mayoría de las conferencias y programas familiares en el Centro de Capacitación Philmont, deberán repasar la Parte D para entender los riesgos potenciales inherentes a los 6,700 pies de elevación en un ambiente seco del Suroeste.

La gran altitud; un programa de aventura extrema físicamente exigente en áreas montañosas remotas; acampar mientras se está expuesto a condiciones climatológicas ocasionalmente severas tales como relámpagos, granizo, inundaciones repentinas, y calor; y otros problemas potenciales, incluyendo lesiones a causa de tropezones y caídas, caídas de un caballo, golpe de calor, y accidentes de vehículos a motor, pueden empeorar condiciones médicas subyacentes. Los senderos de Philmont son empinados y pedregosos. Los animales salvajes tales como osos, víboras de cascabel y pumas son nativos de la zona y por lo general presentan poco peligro si se toman las precauciones adecuadas. Por favor, llame a Philmont (575-376-2281) si tiene preguntas.

Northern Tier. Mientras participe en las áreas silvestres de acampada y canotaje de Northern Tier, debe llevar puesto el chaleco salvavidas en todo momento que se encuentre en el agua. Los miembros del grupo viajan juntos siempre. Las comunicaciones de emergencia vía radio y en lugares más remotos por teléfono satelital, son proporcionadas por Northern Tier. La comunicación por radio y la evacuación de emergencia puede ser obstaculizada por el tiempo, el terreno, la distancia, mal funcionamiento del equipo y otros factores, y no substituyen el tomar las precauciones apropiadas y tener conocimiento y equipo adecuado de primeros auxilios. Por favor, llame a Northern Tier (218-365-4811) si tiene cualquier pregunta.

Base Marina de la Florida. Se ofrecen varias actividades incluyendo snorkel, vela, acampada, kayak, canotaje, natación, pesca y buceo. El buceo es una actividad emocionante y exigente. Cuando se realiza de forma correcta, es muy segura. Sin embargo, cuando los procedimientos de seguridad establecidos no se siguen, existen peligros extremos. Todos los participantes necesitan aprender del instructor las reglas de seguridad importantes referentes a la respiración y ecualización mientras se practica el buceo. El uso inadecuado del equipo de buceo puede resultar en lesiones graves, por lo tanto, se les debe instruir a los participantes a utilizar el equipo de manera segura bajo la supervisión directa de un instructor calificado.

PART D (*continued on next page*)

To scuba dive safely, participants must not be extremely overweight or in poor physical condition. Diving can be strenuous under certain conditions. Participants' 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, or a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, participants should consult a doctor and the instructor before participation in this program. If there is a question about the advisability of participation, contact the family physician first, then call the Sea Base at 305-664-5612. The Sea Base health supervisor reserves the right to make medical decisions regarding the participation of individual at Sea Base.

Food. Each base offers food appropriate for the experience. If a participant has a problem with the diet described in the participant guide, please contact the high-adventure base you are considering attending.

Medications. Each participant who has a condition requiring medication should bring an appropriate supply for the duration of the trip. Consider bringing duplicate or even triplicate supplies of vital medications. People with allergies that have resulted in severe reactions or anaphylaxis must bring with them an EpiPen that has not expired.

Immunizations. Each participant must have received a tetanus immunization within the last 10 years. Recognition will be given to the rights of those Scouts and Scouters who do not have immunizations because of philosophical, political, or religious beliefs. In such a situation, the *Immunization Exemption Request* form is required.

Recommendations Regarding Chronic Illnesses. Each base requires that this information be shared with the parents or guardians and examining physician of every participant. There are no facilities for extended care or treatment; therefore participants who cannot meet these requirements will be sent home at their expense.

Staff and/or staff physicians reserve the right to deny the participation of any individual on the basis of a physical examination and/or medical history.

Adults or youth who have had any of the following conditions should undergo a thorough evaluation by a physician before considering participation at a BSA high-adventure base.

Cardiac or Cardiovascular Disease, including:

1. Angina (chest pain caused by blocked blood vessels or coming from the heart)
2. Myocardial infarction (heart attack)
3. Heart surgery or heart catheterization, including angioplasty (balloon dilation) or stents to treat blocked blood vessels
4. Stroke or transient ischemic attacks (TIAs)
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
9. Excessive weight

Para bucear de manera segura, los participantes no deben estar extremadamente pasados de peso o tener condición física deficiente. Bucear puede ser extenuante bajo ciertas condiciones. Los sistemas respiratorio y circulatorio de los participantes deben estar en buena condición. Todos los espacios de aire del cuerpo deben ser normales y estar saludables. Una persona con problemas del corazón, un resfriado o congestionamiento, epilepsia, asma o un problema médico severo, o que esté bajo la influencia del alcohol o drogas, no debe bucear. Si se está tomando medicamentos, los participantes deberán consultar a un doctor y al instructor antes de participar en este programa. Si hay alguna pregunta sobre la conveniencia de la participación, contacte al médico familiar primero, luego llame a la Base Marina al 305-664-5612. El supervisor de salud de la Base marina se reserva el derecho de tomar decisiones médicas con respecto a la participación de un individuo en la Base Marina.

Comida. Cada base ofrece comida apropiada para la experiencia. Si un participante tiene un problema con la dieta descrita en la guía, favor de comunicarse con la base de aventura extrema que está considerando visitar.

Medicamentos. Cada participante que tenga una condición que requiera medicamentos deberá traer consigo la cantidad apropiada para la duración del viaje. Considere traer suministros por duplicado o incluso triplicado de medicamentos vitales. Las personas con alergias que hayan resultado en reacciones severas o anafilaxia deben traer consigo una EpiPen que no haya caducado.

Vacunas. Cada participante debe haber recibido una vacuna contra el tétanos en los últimos 10 años. Se les dará reconocimiento a los derechos de aquellos Scouts o Scouters que no tienen vacunas a causa de creencias filosóficas, políticas o religiosas. En dicha situación, se requiere el formulario *Solicitud de exención de inmunización*.

Recomendaciones con respecto a enfermedades crónicas. Cada base requiere que se le comunique esta información a los padres o tutores y médico que realice el examen de cada participante. No hay instalaciones para atención o tratamiento prolongado, por lo tanto, los participantes que no puedan cumplir con dichos requisitos serán enviados a casa y deben asumir los gastos.

El personal y los médicos del personal se reservan el derecho de negarle la participación a cualquier individuo con base en el examen físico o historial médico.

Los adultos o niños que hayan tenido cualquiera de las siguientes condiciones, deberán someterse a una evaluación por parte de un médico antes de considerar participar en una base de aventura extrema BSA.

Enfermedad cardiaca o cardiovascular, incluyendo:

1. Angina (dolor de pecho causado por vasos sanguíneos bloqueados o que vienen del corazón).
2. Infarto al miocardio (ataque al corazón).
3. Cirugía de corazón o cateterismo cardiaco, incluyendo angioplastia (dilatación con balón) o stents para tratar vasos sanguíneos bloqueados.
4. Derrame cerebral o ataques isquémicos transitorios (AIT).
5. Claudicación (dolor de pierna con el ejercicio, causado por el endurecimiento de las arterias).
6. Historial familiar de enfermedad cardiaca o que un miembro de la familia haya muerto inesperadamente antes de los 50 años de edad.
7. Diabetes.
8. Tabaquismo.
9. Exceso de peso.

PART D (*continued on next page*)

Participants who have a congenital heart disease or an acquired heart disease such as rheumatic fever, Kawasaki's disease, or mitral valve prolapse should undergo thorough evaluation by a physician before considering participating at a high-adenture base. The physical exertion at any of the high-adventure bases may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the first seven conditions listed above should have a physician-supervised stress test. More extensive testing (e.g., nuclear stress test) is recommended for participants who have coronary heart disease. **Even if the stress test results are normal, the results of testing done at lower elevations, without backpacks, do not guarantee safety**. If the test results are abnormal, the individual is advised not to participate.

Hypertension (High Blood Pressure). The combination of physical, mental, and emotional stress, increased exertion and/or heat, and altitude appears to cause a significant increase in blood pressure in some individuals. Occasionally, hypertension reaches such a level that it is no longer safe to engage in strenuous activity. Hypertension can increase the risk of having a stroke, heart attack, or angina. **Participants should have a blood pressure less than 140/90.** Persons with significant hypertension (greater than 140/90) should be treated and controlled before attending any high-adventure base, and should continue on medications while participating. **The goal of treatment should be to lower the blood pressure to normal levels.** Participants already on antihypertensive therapy with normal blood pressure should continue on medications. Individuals taking diuretics to treat hypertension are at increased risk for dehydration related to strenuous physical activity and should be careful to maintain good hydration during the trek.

Philmont. Each participant who is 18 years of age or older will have his or her blood pressure checked at Philmont. **Those individuals with a blood pressure consistently greater than 160/100 at Philmont may be kept off the trail until their blood pressure decreases.**

Florida Sea Base. Those taking beta-blocker medication should consider a change of medication before participating in any scuba program.

Insulin-Dependent Diabetes Mellitus. Exercise and the type of food eaten affect insulin requirements. Any individual with insulin-dependent diabetes mellitus should be able to monitor personal blood glucose and to know how to adjust insulin doses based on these factors. The person with diabetes also should know how to give a self-injection. Both the person with diabetes and one other person in the group should be able to recognize indications of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and excessively low blood sugar (hypoglycemia). The person with diabetes and one other individual should know the appropriate initial responses for these conditions. An insulin-dependent person who has been newly diagnosed (within the last six months) or who has undergone a change in delivery system (e.g., insulin pump) in the last six months is advised not to participate. A person with diabetes who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate until better control of the diabetes has been achieved.

Los jóvenes que tengan alguna enfermedad cardiaca congénita o enfermedad cardiaca adquirida como fiebre reumática, enfermedad de Kawasaki o prolapso de la válvula mitral deberán someterse a un examen médico exhaustivo antes de considerar participar en una base de aventura extrema. El esfuerzo físico en cualquiera de las bases de aventura extrema puede precipitar ya sea un ataque al corazón o derrame cerebral en las personas susceptibles. Los participantes con antecedentes de cualquiera de las primeras siete condiciones enumeradas anteriormente deberán someterse a una prueba de esfuerzo supervisada por un médico. Se recomiendan pruebas más exhaustivas (por ejemplo, prueba de esfuerzo con radioisótopos) para los participantes que tengan una enfermedad coronaria. **Incluso si los resultados de la prueba de esfuerzo son normales, los resultados de la prueba realizada en elevaciones bajas, sin mochilas, no garantiza la seguridad.** Si los resultados de la prueba son anormales, se le aconseja al individuo no participar.

Hipertensión (Presión arterial alta). La combinación de estrés físico, mental y emocional, el aumento de esfuerzo y de calor, y la altura, aparentemente causan un incremento significativo en la presión arterial en algunos individuos. En ocasiones, la hipertensión alcanza tal nivel que no es seguro participar en una actividad vigorosa. La hipertensión puede incrementar el riesgo de tener un derrame cerebral, ataque al corazón o angina. **Los participantes deben tener una presión arterial normal menor de 140/90.** Las personas con una hipertensión importante (mayor a 140/90) deberán estar bajo tratamiento y su condición debe estar controlada antes de que acudan a cualquier base de aventura extrema, y deberán continuar con sus medicamentos mientras participen. **El objetivo del tratamiento debe ser disminuir la presión arterial a niveles normales.** Aquellos que ya se encuentren bajo tratamiento antihipertensivo y que tengan una presión arterial normal deberán continuar con su tratamiento. Los individuos que tomen diuréticos para tratar la hipertensión corren un mayor riesgo de deshidratación relacionada con actividad física desgastante y deberán tener cuidado de mantener una muy buena hidratación durante la excursión.

Philmont. A cada participante que tenga 18 años de edad o más se le tomará la presión en Philmont. **Aquellos individuos con presión arterial consistentemente mayor a 160/100 en Philmont serán apartados del sendero hasta que la presión arterial disminuya.**

Base Marina de la Florida. Quienes toman medicamentos beta bloqueadores deberían considerar cambiar de medicamento antes de participar en cualquier programa de buceo.

Diabetes Mellitus dependiente de insulina. El ejercicio y el tipo de alimentos que se consumen afectan la necesidad de insulina. Cualquier persona que padezca diabetes mellitus dependiente de insulina deberá ser capaz de autocontrolar su nivel de glucosa en la sangre y saber cómo ajustar las dosis de insulina con base en estos factores. Las personas con diabetes también deben saber cómo inyectarse. Tanto la persona con diabetes y otra más en el grupo debe saber reconocer los síntomas de niveles excesivamente altos de azúcar (hiperglucemia o cetoacidosis diabética) y los de niveles excesivamente bajos de azúcar en la sangre (hipoglicemia). La persona con diabetes y otra persona más deberán saber las respuestas iniciales apropiadas para dichas condiciones. Una persona dependiente de insulina que haya sido diagnosticada recientemente (en los últimos 6 meses) o que se haya sometido a un cambio en el sistema de dosificación (por ejemplo, una bomba para insulina) en el mismo periodo no deberá intentar participar. Una persona que haya sido hospitalizada frecuentemente debido a cetoacidosis diabética o que haya tenido problemas frecuentes de hipoglicemia, no deberá participar hasta que se obtenga un mejor control de la diabetes.

PART D (*continued on next page*)

Philmont. It is recommended that the person with diabetes and one other individual carry insulin on the trek (in case of accident) and that a third vial be kept at the Health Lodge for backup. Bring insulin in a small insulated container. Bring enough testing equipment and supplies for the entire trip and trek. Extras are usually needed. If an individual has been hospitalized for diabetes-related illnesses within the past year, the individual must obtain permission to participate by contacting the Philmont Health Lodge at 575-376-2281.

Florida Sea Base. Persons with diabetes who are 18 years of age or older who wish to scuba dive should be assessed by a physician familiar with both hyperbaric issues related to diabetes and medications used for the control and treatment of diabetes. Persons 18 years old or older who are determined to be candidates for scuba diving must submit four hemoglobin A1c (HbA1c) tests, each with HbA1c values less than 7, taken within the previous 12 months. Any test within the past 12 months with an HbA1c value greater than 7 disqualifies a person from scuba diving as part of a BSA activity.

Persons less than 18 years of age with Type 1 diabetes will not be allowed to scuba dive. Persons under the age of 18 who control their diabetes with exercise and diet (no medications) and can provide three sequential hemoglobin tests with HbA1c values less than 6 may be approved to scuba dive.

Seizures (Epilepsy). A seizure disorder or epilepsy does not exclude an individual from participating at a high-adventure base. However, the seizure disorder should be well-controlled by medications. A minimum one year seizure-free period is considered to be adequate control. Exceptions to this guideline may be considered on an individual basis, and will be based on the specific type of seizure and the likely risks to the individual and to other members of the crew.

Florida Sea Base. Any seizure activity within the past five years, regardless of control and/or medication, disqualifies an individual from participation in any scuba program. A person with a history of seizure activity who has been asymptomatic AND medication-free for five years, as evidenced by a physician, will be allowed to dive.

Asthma. Asthma should be well-controlled before participating at any high-adventure base. Well-controlled asthma means: 1) the use of a rescue inhaler (e.g., albuterol) less than once daily; 2) no need for nighttime treatment with a rescue inhaler (e.g., albuterol). Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singulair. You must meet these guidelines in order to participate. You may not be allowed to participate if: 1) you have exercise asthma not controlled by medications; or 2) you have been hospitalized or have gone to the emergency room to treat asthma in the past six months; or 3) you have needed treatment with intravenous, intramuscular, or oral steroids (prednisone) in the past six months. *You must bring an ample supply of your medications* ***and*** *a spare rescue inhaler that are not expired.* At least one other member of the crew should know how to recognize signs of worsening asthma or an asthma attack, and should know how to use the rescue inhaler. ***Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the trek.*** **If you do not bring a rescue inhaler, you must buy one before you will be allowed to participate.**

Philmont. Se recomienda que la persona con diabetes y otra persona más lleve consigo insulina en el recorrido (en caso de un accidente) y que una tercera ampolleta sea guardada en el pabellón médico como reserva. Lleve la insulina en un pequeño recipiente aislante. Lleve suficientes suministros de prueba para el viaje y el recorrido. Normalmente se requieren adicionales. Si un individuo ha sido hospitalizado por enfermedades relacionadas con la diabetes en el último año, el individuo debe obtener permiso para participar llamando al Pabellón médico de Philmont al 575-376-2281.

Base Marina de la Florida. Las personas con diabetes que tengan 18 años de edad o más que deseen bucear, deberán ser evaluados por un médico familiar tanto en temas hiperbáricos relacionados con la diabetes, como medicamentos utilizados para el control y tratamiento de la diabetes. Las personas de 18 años de edad o más que sean determinadas como candidatos para bucear, deben remitir cuatro pruebas de hemoglobina A1c (HbA1c), cada una con valores HbA1c menores a 7, tomadas dentro de los 12 meses anteriores. Cualquier prueba dentro de los últimos 12 meses con un valor HbA1c mayor a 7 descalifica a dicha persona de bucear como parte de una actividad BSA.

Las personas menores de 18 años de edad con diabetes Tipo 1 no podrán bucear. Las personas menores de 18 años que controlan su diabetes con ejercicio y dieta (no medicamentos) y que puedan proporcionar tres pruebas secuenciales de hemoglobina con valores HbA1c menores a 6, pueden ser aprobadas para bucear.

Convulsiones (Epilepsia). Las convulsiones o epilepsia no excluyen a un individuo de participar en una base de aventura extrema. Sin embargo, la enfermedad debe estar bien controlada con medicamentos. Se considera como bajo control cuando existe un periodo mínimo de un año sin convulsiones. Se pueden considerar excepciones a estos lineamientos según cada caso individual y se basará en el tipo específico de convulsión y la posibilidad de riesgo para el individuo y a los otros miembros del grupo.

Base Marina de la Florida. Cualquier convulsión dentro de los últimos cinco años, sin importar el control o el medicamento, descalifica a un individuo de participar en cualquier programa de buceo. Una persona con antecedentes de convulsiones que ha estado sin síntomas Y sin medicamentos por cinco años, según lo acredite un médico, podrá bucear.

Asma. El asma deberá estar bien controlada antes de participar en cualquier base de aventura extrema. Un asma bien controlada significa: 1) el uso de un inhalador de rescate (por ejemplo, albuterol) menos de una vez al día; 2) no tener la necesidad de tratamiento durante la noche con un inhalador de rescate (por ejemplo, albuterol). El asma bien controlada puede incluir el uso de broncodilatadores de larga duración, esteroides inhalados o medicamentos orales como Singulair. Usted debe cumplir con los siguientes lineamientos a fin de participar. No se le permitirá participar si: 1) tiene asma por ejercicio que no se previene con medicamento; ó 2) ha sido hospitalizado o ha acudido a urgencias para tratamiento contra el asma en los últimos seis meses; ó 3) ha necesitado tratamiento con esteroides intravenosos, intramusculares u orales (prednisona) en los últimos seis meses. *Debe llevar consigo suficientes suministros del medicamento* ***e*** *inhaladores de rescate de repuesto que no hayan caducado.* Por lo menos otro miembro del grupo debe saber cómo reconocer las señales de empeoramiento de asma o un ataque de asma y deberá saber cómo utilizar el inhalador de rescate. ***Cualquier persona que haya necesitado tratamiento para el asma en los últimos tres años, debe llevar consigo un inhalador de rescate durante el recorrido. Si no trae uno, debe comprarlo antes de que se le permita participar.***

PART D (*continued on next page*)

Florida Sea Base. Persons being treated for asthma (including reactive airway disease) are disqualified from BSA scuba programs. Persons with a history of asthma who have been asymptomatic and have not used medications to control asthma for five years or more may be allowed to scuba dive as part of a BSA activity upon submission of evidence from their treating physician. Persons with a history of asthma who have been asymptomatic and have not used medication to control asthma for less than five years may be allowed to scuba dive as part of a BSA activity upon submission of a methacholine challenge test showing the asthma to be resolved.

Allergy or Anaphylaxis. *Persons who have had an* ***anaphylactic reaction*** *from any cause must contact the high-adventure base before arrival.* If you are allowed to participate, *you will be required to have appropriate treatment with you.* You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it before you will be allowed to participate.

Recent Musculoskeletal Injuries and Orthopedic Surgery. Every participant will put a great deal of strain on feet, ankles, and knees due to negotiating steep, rocky trails with a backpack; paddling and portaging heavy gear over irregular terrain; or climbing into and out of a boat. Therefore, individuals with significant musculoskeletal problems (including back problems) or orthopedic surgery/injuries within the last 6 months must have a letter of clearance from their orthopedic surgeon or treating physician to be considered for approval to participate. Permission is not guaranteed. A person with a cast on any extremity may participate only if approved by the high-adventure base. **Ingrown toenails are a common problem and must be treated 30 days prior to arrival.**

Psychological and Emotional Difficulties. A psychological disorder does not necessarily exclude an individual from participation. *Parents and advisers should be aware that no high-adventure experience is designed to assist participants in overcoming 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 remote wilderness setting.* Any condition should be well-controlled without the services of a mental health practitioner. **Under no circumstance should medication be stopped immediately prior to participation, and medication should be continued throughout the entire high-adventure experience.** Participants requiring medication must bring an appropriate supply for the duration of the trip.

Weight Limits. Weight limit guidelines are used because overweight individuals are at a greater risk for heart disease, high blood pressure, stroke, altitude illness, sleep problems, and injury. Those who fall within the limits are more likely to have an enjoyable trek and avoid incurring health risks. These guidelines are to be in use for all Scouting high-adventure bases and high-adventure backcountry activities.

Philmont. Each participant in a Philmont trek must not exceed the maximum acceptable limit in the weight chart shown below. The right-hand column shows the maximum acceptable weight for a person's height in order to participate in a Philmont trek.

Base Marina de la Florida. Las personas que reciben tratamiento para el asma (incluyendo enfermedad reactiva de las vías respiratorias) son descalificadas de los programas de buceo BSA. Las personas con antecedentes de asma que no han tenido síntomas y que no han usado medicamentos para el control del asma durante cinco años o más, pueden bucear como parte de una actividad BSA una vez que remitan evidencia de su médico. Las personas con antecedentes de asma que no han tenido síntomas y que no han usado medicamentos para el control del asma durante menos de cinco años, pueden bucear como parte de una actividad BSA una vez que remitan una prueba de metacolina que muestre que el asma ha sido resuelta.

Alergia o anafilaxia. *Las personas que han tenido una* ***reacción anafiláctica*** *por cualquier causa, deben contactar a la base de aventura extrema antes de llegar*. Si a usted le han permitido participar, *se le requerirá que tenga el tratamiento adecuado con usted.* Usted y por lo menos otro miembro de su grupo debe saber cómo administrar el tratamiento. Si usted no trae consigo el tratamiento apropiado, se le requerirá que lo compre antes de que se le permita participar.

Lesiones musculoesqueléticas recientes y cirugía ortopédica recientes. Cada participante ejercerá una gran cantidad de presión en los pies, tobillos y rodillas a causa del efecto de andar por un terreno empinado y senderos escabrosos cargando una mochila; remando y cargando equipo pesado sobre terreno irregular; o al subirse y salir de una embarcación. Por lo tanto, los individuos con problemas musculoesqueléticos (incluyendo problemas de la espalda) o lesiones/cirugías ortopédicas en los últimos seis meses, deben tener una carta de autorización por parte de su cirujano ortopedista o médico tratante para que sea considerado para aprobación para participar. El permiso no se garantiza. Una persona con un yeso en cualquier extremidad puede participar sólo si lo aprueba la base de aventura extrema. **Las uñas encarnadas son un problema común y deben tratarse un mes antes del evento.**

Trastornos psicológicos y emocionales. *Los trastornos psicológicos no necesariamente excluyen a una persona de la participación. Los padres y consejeros deben estar conscientes de que ninguna experiencia de aventura extrema está diseñada para ayudar a contrarrestar problemas psicológicos o emocionales. La experiencia demuestra que estos problemas generalmente aumentan, no disminuyen cuando un participante se somete a los desafíos físicos y mentales de un ambiente remoto y silvestre.* Cualquier condición debe estar bien controlada sin los servicios de un profesional del cuidado de la salud mental. **Bajo ninguna circunstancia se debe suspender el medicamento inmediatamente antes de participar, y el medicamento deberá continuarse durante la totalidad de la experiencia de aventura extrema**. Los participantes que necesiten medicamento deben llevar la cantidad adecuada para la duración del viaje.

Límites de peso. Las reglas de límite de peso son utilizadas ya que los individuos con exceso de peso corren mayor riesgo de ataque al corazón, presión arterial elevada, derrame cerebral, enfermedades de altitud, trastornos del sueño y lesiones. Quienes están dentro de los límites tienen más posibilidades de tener una excursión placentera y evitar incurrir en riesgos de salud. Estos lineamientos deben utilizarse en todas las bases Scouting de aventura extrema y actividades de aventura extrema en terrenos aislados.

Philmont. Cada participante en una excursión en Philmont no debe exceder el límite máximo aceptable en la tabla de peso que se muestra a continuación. La columna a la derecha muestra el peso máximo aceptable para la estatura de una persona a fin de poder participar en una excursión en Philmont.

PART D (*continued on next page*)

Participants 21 years and older who exceed the maximum acceptable weight limit for their height at the Philmont medical recheck WILL NOT be permitted to backpack or hike at Philmont. They will be sent home. For example, a person 70 inches tall cannot weigh more than 226 pounds. All heights and weights will be measured in stocking feet.

For participants under 21 years of age who exceed the maximum acceptable weight for height, the Philmont physicians will use their best professional judgment in determining participation in a Philmont trek. Philmont will consider up to 20 pounds over the maximum acceptable as stated on the chart; however **exceptions are not made automatically, and discussion in advance with Philmont is required regarding any exception to the weight limit for persons under 21 years of age.** Philmont's telephone number is 575-376-2281.

Under no circumstances will any individual weighing more than 295 pounds be permitted to participate in backcountry programs. This requirement is necessary due to rescue equipment restrictions and for the safety of search-and-rescue personnel.

The maximum weight for any participant in a Cavalcade Trek and for horse rides is 200 pounds.

Participants and guests in Philmont activities, including most Philmont Training Center conference and family programs, who *will* participate in limited backcountry access during their visit must not exceed the maximum acceptable limit in the weight chart.

Northern Tier. Each participant in a Northern Tier expedition should not exceed the maximum acceptable weight for height in the table shown on the Annual Health and Medical Record form. Those who fall within the recommended weight limits are much more likely to have an enjoyable trek and avoid incurring injuries and health risks. Extra weight puts strain on the back, joints, and feet. The portage trails can be very muddy, slippery, and rocky, and present a potential for tripping and falling. We also strongly recommend that no participant be less than 100 pounds in weight. Extremely small participants will have a very difficult time carrying canoes and heavy packs.

Canoes' loads are another important reason to limit participant weight. Northern Tier assigns three people to a canoe. The total participant load per canoe must not exceed 600 pounds, or an average of 200 pounds per participant. Northern Tier does not permit individuals exceeding 295 pounds to participate in high-adventure programs.

Florida Sea Base. Any participant or advisor 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 295 pounds.

Los participantes de 21 años de edad o más que excedan el límite de aceptación máxima de peso correspondiente a su altura en la revisión médica en Philmont, NO podrán excursionar o ir de expedición con mochila en Philmont. Serán enviados a casa. Por ejemplo, una persona de 70 pulgadas de estatura no puede pesar más de 226 libras. Todas las estaturas y pesos serán medidos con calcetines puestos.

Para los participantes menores de 21 años que excedan el límite de aceptación máxima de peso correspondiente a su altura, los médicos de Philmont utilizarán su mejor juicio profesional para determinar la participación en un recorrido en Philmont. Philmont considerará hasta 20 libras sobre la aceptación máxima tal como se establece en la tabla; sin embargo, **las excepciones no se realizan automáticamente, y se requiere un análisis por adelantado con Philmont con respecto a cualquier excepción al límite de peso para personas menores de 21 años de edad.** El teléfono de Philmont es 575-376-2281.

Bajo ninguna circunstancia se le permitirá a ningún individuo que pese más de 295 libras participar en los programas en las áreas campestres. Este requisito es necesario debido a las restricciones del equipo de rescate y por la seguridad del personal de búsqueda y rescate.

El peso máximo para cualquier participante en el Sendero Cavalcade y para montar a caballo es 200 libras.

Los participantes e invitados de las actividades Philmont, incluyendo la mayoría de las conferencias y programas familiares del Centro de Capacitación Philmont que *participarán* en zonas campestres con acceso limitado durante su visita, no deben exceder el límite máximo aceptable en la tabla de peso.

Northern Tier. Cada participante en una expedición en Northern Tier no deberá exceder el peso máximo aceptable correspondiente a su estatura según la tabla que se muestra en el Registro Médico y de Seguridad Anual. Aquellos que entran en los límites de peso recomendables tienen mayor posibilidad de tener un trayecto agradable y evitar incurrir en lesiones y riesgos de salud. El exceso de peso causa estragos en la espalda, articulaciones y pies. Los senderos para trasladar embarcaciones pueden ser fangosos, resbalosos y pedregosos, y presentar riesgos de tropezones y caídas. Asimismo, recomendamos encarecidamente que no haya participantes que pesen menos de 100 libras. Los participantes extremadamente pequeños tendrán dificultad para cargar canoas y mochilas pesadas.

Las cargas de las canoas son otra razón importante para limitar el peso. Northern Tier asigna tres personas por canoa. La carga total de los participantes por canoa no debe exceder 600 libras, o un promedio de 200 libras por participante. Northern Tier no permite a los individuos que excedan 295 libras que participen en programas de aventura extrema.

Base Marina de la Florida. Cualquier participante o consejero que exceda los límites máximos de peso en la tabla quizá quiera reconsiderar su participación en el programa de aventura extrema en una Base Marina. Cualquiera que exceda dichos límites está en riesgo grave de tener problemas de salud. Los participantes que entran en los lineamientos tienen más posibilidades de disfrutar del programa y evitar incurrir en riesgos de la salud. El peso límite absoluto para nuestros programas es 295 libras.

PART D (*continued on next page*)

Summit Bechtel Reserve. The Summit Bechtel Reserve offers many types of activities that can be physically demanding, including rock climbing, mountain biking, white-water rafting, zip-line canopy tours, and more. Due to the mountainous terrain and remote location, there are safety precautions that must be followed. Check the Summit's website for more specific information: https://summit.scouting.org/en/Pages/default.aspx. Please contact the Summit Bechtel Reserve at 304-250-6750 if you have any questions.

Summit Bechtel Reserve. Este lugar ofrece muchos tipos de actividades que pueden ser físicamente exigentes, incluyendo escalada en roca, ciclismo de montaña, descenso en ríos, recorridos en tirolesa y mucho más. Debido a los terrenos montañosos y ubicación remota, se deben seguir precauciones de seguridad. Consulte el sitio web de Summit para obtener información más específica: https://summit.scouting.org/en/Pages/default.aspx. Favor de contactar a Summit Bechtel Reserve al 304-250-6750 si tiene más preguntas.

Height (inches) **Estatura (pulgadas)**	**Recommended Weight (lbs)** **Peso recomendado (libras)**	**Allowable Exception** **Excepción permitida**	**Maximum Acceptance** **Aceptación máxima**
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226

Height (inches) **Estatura (pulgadas)**	**Recommended Weight (lbs)** **Peso recomendado (libras)**	**Allowable Exception** **Excepción permitida**	**Maximum Acceptance** **Aceptación máxima**
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over 79 y más	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services. Esta tabla está basada en la revisión de las Directrices dietéticas para estadounidenses del Departamento de Agricultura y del Departamento de Salud y Servicios Humanos de los EE.UU.

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MEDICAL STATEMENT

Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by_____and
Instructor

_____located in the
Facility

city of_____, state/province of _____.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should 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 coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also 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.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

_____ Could you be pregnant, or are you attempting to become pregnant?

_____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)

_____ Are you over 45 years of age and can answer YES to one or more of the following?
- currently smoke a pipe, cigars or cigarettes
- have a high cholesterol level
- have a family history of heart attack or stroke
- are currently receiving medical care
- high blood pressure
- diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

_____ Asthma, or wheezing with breathing, or wheezing with exercise?

_____ Frequent or severe attacks of hayfever or allergy?

_____ Frequent colds, sinusitis or bronchitis?

_____ Any form of lung disease?

_____ Pneumothorax (collapsed lung)?

_____ Other chest disease or chest surgery?

_____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?

_____ Epilepsy, seizures, convulsions or take medications to prevent them?

_____ Recurring complicated migraine headaches or take medications to prevent them?

_____ Blackouts or fainting (full/partial loss of consciousness)?

_____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

_____ Dysentery or dehydration requiring medical intervention?

_____ Any dive accidents or decompression sickness?

_____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

_____ Head injury with loss of consciousness in the past five years?

_____ Recurrent back problems?

_____ Back or spinal surgery?

_____ Diabetes?

_____ Back, arm or leg problems following surgery, injury or fracture?

_____ High blood pressure or take medicine to control blood pressure?

_____ Heart disease?

_____ Heart attack?

_____ Angina, heart surgery or blood vessel surgery?

_____ Sinus surgery?

_____ Ear disease or surgery, hearing loss or problems with balance?

_____ Recurrent ear problems?

_____ Bleeding or other blood disorders?

_____ Hernia?

_____ Ulcers or ulcer surgery ?

_____ A colostomy or ileostomy?

_____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. ***I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.***

_____	_____	_____	_____
Signature	Date	Signature of Parent or Guardian	Date

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STUDENT

Please print legibly.

Name_____ Birth Date _____ Age _____
First Initial Last Day/Month/Year

Mailing Address _____

City_____ State/Province/Region _____

Country _____ Zip/Postal Code _____

Home Phone ( )_____ Business Phone ( )_____

Email _____ FAX_____

Name and address of your family physician

Physician _____ Clinic/Hospital _____

Address_____

Date of last physical examination _____

Name of examiner_____ Clinic/Hospital_____

Address _____

Phone ( )_____ Email _____

Were you ever required to have a physical for diving? ☐ Yes ☐ No If so, when?_____

PHYSICIAN

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

Physician's Impression

☐ I find no medical conditions that I consider incompatible with diving.

☐ I am unable to recommend this individual for diving.

Remarks _____

_____

_____

_____ Date _____
Physician's Signature or Legal Representative of Medical Practitioner Day/Month/Year

Physician_____ Clinic/Hospital_____

Address_____

Phone ( )_____ Email _____

Guidelines for Recreational Scuba Diver's Physical Examination

Instructions to the Physician:

Recreational **SCUBA** (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The **RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION** focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are **temporary** in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 2948 during normal business hours. For emergency calls, 24 hours 7 days a week, call +1 919 684 8111 or +1 919 684 4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380. There are also a number of informative websites offering similar advice.

NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

Relative Risk Conditions

- **Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations**
- **History of Head Injury with sequelae other than seizure**
- **Herniated Nucleus Pulposus**
- **Intracranial Tumor or Aneurysm**
- **Peripheral Neuropathy**
- **Multiple Sclerosis**
- **Trigeminal Neuralgia**
- **History of spinal cord or brain injury**

Temporary Risk Condition

History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- **History of seizures other than childhood febrile seizures**
- **History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)**
- **History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits**

CARDIOVASCULAR SYSTEMS

Relative Risk Conditions

The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is at least 13 METS.* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

* METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)

Relative Risk Conditions

- **History of Coronary Artery Bypass Grafting (CABG)**
- **Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)**
- **History of Myocardial Infarction**
- **Congestive Heart Failure**
- **Hypertension**
- **History of dysrythmias requiring medication for suppression**
- **Valvular Regurgitation**

Pacemakers

The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

*** NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.**

Severe Risks

Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

Relative Risk Conditions

- **History of Asthma or Reactive Airway Disease (RAD)***
- **History of Exercise Induced Bronchospasm (EIB)***
- **History of solid, cystic or cavitating lesion***
- **Pneumothorax secondary to:**
  - **-Thoracic Surgery**
  - **-Trauma or Pleural Penetration***
  - **-Previous Overinflation Injury***
- **Obesity**
- **History of Immersion Pulmonary Edema Restrictive Disease***
- **Interstitial lung disease: May increase the risk of pneumothorax**

* Spirometry should be normal before and after exercise

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

Severe Risk Conditions

- **History of spontaneous pneumothorax.** Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- **Impaired exercise performance due to respiratory disease.**

GASTROINTESTINAL

Temporary Risks

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

Temporary Risk Conditions

- **Peptic Ulcer Disease associated with pyloric obstruction or severe reflux**
- **Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.**

Relative Risk Conditions

- **Inflammatory Bowel Disease**
- **Functional Bowel Disorders**

Severe Risks

Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

Severe Risk Conditions

- **Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting**
- **Chronic or recurrent small bowel obstruction**
- **Severe gastroesophageal reflux**
- **Achalasia**
- **Paraesophageal Hernia**

ORTHOPAEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

Relative Risk Conditions

- **Amputation**
- **Scoliosis must also assess impact on respiratory function and exercise performance.**
- **Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical**

cause of decompression may accelerate/escalate the progression).

Temporary Risk Conditions

- **Back pain**

HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

Relative Risk Conditions

- **Sickle Cell Disease**
- **Polycythemia Vera**
- **Leukemia**
- **Hemophilia/Impaired Coagulation**

METABOLIC AND ENDOCRINOLOGICAL

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

Relative Risk Conditions

- **Hormonal Excess or Deficiency**
- **Obesity**
- **Renal Insufficiency**

Severe Risk Conditions

The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues. [See "Guidelines for Recreational Diving with Diabetes" at www/wrstc.com and www.diversalertnetwork.org.]

Pregnancy: The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

BEHAVIORAL HEALTH

Behavioral: The diver's mental capacity and emotional make-up are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations are also crucial to safe scuba diving.

Relative Risk Conditions

- **Developmental delay**
- **History of drug or alcohol abuse**
- **History of previous psychotic episodes**
- **Use of psychotropic medications**

Severe Risk Conditions

- **Inappropriate motivation to dive – solely to please spouse, partner or family member, to prove oneself in the face of personal fears**
- **Claustrophobia and agoraphobia**
- **Active psychosis**
- **History of untreated panic disorder**
- **Drug or alcohol abuse**

OTOLARYNGOLOGICAL

Equalisation of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalise pressure or due to marked overpressurisation during vigorous or explosive Valsalva manoeuvres.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglotic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

Relative Risk Conditions

- **Recurrent otitis externa**
- **Significant obstruction of external auditory canal**
- **History of significant cold injury to pinna**
- **Eustachian tube dysfunction**
- **Recurrent otitis media or sinusitis**
- **History of TM perforation**
- **History of tympanoplasty**
- **History of mastoidectomy**
- **Significant conductive or sensorineural hearing impairment**
- **Facial nerve paralysis not associated with barotrauma**
- **Full prosthedontic devices**
- **History of mid-face fracture**
- **Unhealed oral surgery sites**
- **History of head and/or neck therapeutic radiation**
- **History of temperomandibular joint dysfunction**
- **History of round window rupture**

Severe Risk Conditions

- **Monomeric TM**
- **Open TM perforation**
- **Tube myringotomy**
- **History of stapedectomy**
- **History of ossicular chain surgery**
- **History of inner ear surgery**
- **Facial nerve paralysis secondary to barotrauma**
- **Inner ear disease other than presbycusis**
- **Uncorrected upper airway obstruction**
- **Laryngectomy or status post partial laryngectomy**
- **Tracheostomy**
- **Uncorrected laryngocele**
- **History of vestibular decompression sickness**

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12. Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours +39-085-893-0333, emergency line 24 hours: +39-039-605-7858
13. Divers Alert Network S.E.A.P., P. O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
14. Divers Emergency Service, Australia, www.rah.sa.gov.au/hyperbaric, telephone 61-8-8212-9242
15. South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, www.spums.org.au
16. European Underwater and Baromedical Society, www.eubs.org

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