



# Outward Bound<sup>®</sup> Hong Kong

Tai Mong Tsai, Sai Kung, Hong Kong Tel: 852-2792 4333 Fax: 852-2792 9877  
<http://www.outwardbound.org.hk>

## ENROLMENT PROCEDURE

### Application

- Fill in the Medical History and Enrolment Form and enclose your cheque payable to “**Outward Bound<sup>®</sup> Hong Kong**” and send to **Outward Bound<sup>®</sup> Hong Kong, Tai Mong Tsai, Sai Kung, Hong Kong** for reservation of your place on the course.
- Please call Jon D’Almeida on (852) 2792 4333 if you do not receive any response **10** days after submitting your form. All applications are dealt with on a first-come, first-served basis.
- Upon receipt of your payment, we will send you a **Booking Confirmation**.

### Insurance

Outward Bound<sup>®</sup> Hong Kong has third party liability insurance. For this programme, you need to enroll with a personal Travel and Medical Insurance. Please provide details of your medical/travel insurance on your enrolment form.

## GENERAL INFORMATION

### Course Cancellation

- Outward Bound<sup>®</sup> Hong Kong reserves the right to cancel a course at any time. A full refund or an alternative course will be offered should such cancellation occur.
- The Admission Office will notify participants of any cancellation and course changes **10** days in advance.

### Health Issues

A medical release form is required for all courses and must be completed in full. Your form has to reach the Admission Office **15** days before the course starts.

### Visas

You have to arrange for a visa from the **Consulate** in your country at least one month before the course starts. Your passport or travel document **MUST** valid for at least 6 months.

### Enquiries

You can call Outward Bound Hong Kong on (852) 2792 4333 during office hours.  
Or send e-mail to Jon D’Almeida at [ed@outwardbound.org.hk](mailto:ed@outwardbound.org.hk)



Hong Kong

# CONFIDENTIAL MEDICAL HISTORY & PHYSICAL EXAMINATION RECORD AND ENROLMENT FORM

FOR OFFICE USE ONLY

Follow-up
Seen & Approved

EVERY ITEM MUST BE COMPLETED. MARK "N/A" IF ANY SECTION IS NOT APPLICABLE TO YOU. INCOMPLETE FORMS WILL BE RETURNED TO YOU BEFORE FINAL SCREENING.

## PART I: GENERAL INFORMATION (To be completed by applicant)

Your enrolment is confirmed only when we receive all completed forms. This medical form helps us ensure a safer experience for you. If, after reviewing your medical form, we think you should not participate in the course at this time, we will refund all course fees made to Outward Bound. We cannot cover or refund costs of medical examinations or other expenses you incur preparing for a course.

### PARTICIPANT INFORMATION:

Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Tel. No. \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_  
 Male      Female  
 Age at course start: \_\_\_\_\_  
 Birth date: (DD/MM/YY) : \_\_\_\_\_

### EMERGENCY CONTACT:

*Person to be notified in case of illness or injury*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel No. \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

### Family Doctor:

Tel No. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**EACH PARTICIPANT IS RESPONSIBLE FOR ANY MEDICAL EXPENSES, INCLUDING MEDICAL EVACUATION, AND SHOULD BE COVERED BY THEIR OWN MEDICAL AND ACCIDENT INSURANCE.**

For our insurance records, answers to the following questions are required to be supplied in detail.

Does the Applicant have private medical insurance coverage? \_\_\_\_\_  
 Medical Insurance Name: \_\_\_\_\_  
 Medical Insurance Policy No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel No. \_\_\_\_\_

## PART II: MEDICAL HISTORY

Name (please print): \_\_\_\_\_

**IMPORTANT:** We urge you to be completely thorough in providing Outward Bound with the information requested. Many participants over the years who have had a variety of medical/psychological difficulties have attended and successfully completed courses, but we must be aware of these conditions for your benefit. Failure to disclose such information could result in harm to you and your fellow students.

If you arrive at the course start with a pre-existing condition or injury, which is not indicated on your medical form and you are subsequently forced to leave the course because of this condition, you will be charged an evacuation fee and will not receive a refund of course fee.

**IF YOUR ANSWER IS "YES" TO ANY QUESTION BELOW, DESCRIBE DETAILS ON THE RIGHT SIDE OF THE PAGE.**

1. Give a brief statement of your general health

\_\_\_\_\_

\_\_\_\_\_

	YES	NO	DETAILS
2. Do you have any present medical problems?			
3. Are you taking any medications? [List in detail all Medications & dosages] N.B. <b>If you are taking Medication, please bring an extra week's supply of the Medication to the course in separate, waterproof, Non-breakable containers, along with dosage instructions. Also bring medication for allergies &amp; seizures if indicated.</b>			
4. Does your medication cause any behaviour changes?			
5. Have you had serious childhood illnesses?			
6. Have you had a Tetanus immunisation within the last 10 years?			Date:
7. Have you had any surgeries? Give approx. dates/details.			
8. Are you allergic to any of the following? [Please list all allergies and describe nature and severity of reaction.]			
Medications			
Foods			
Insect / Plants			
Others			
What medications are needed to control the reaction?			
9. Do you smoke? If so, how much?			
10. Have you had or do you have a substance abuse problem (alcohol, drugs, etc.)? [If so, give details]			
11. Do you have problems with vision/hearing? [Describe]			
12. Do you have motion sickness? [Describe severity]			
13. Do you have high blood pressure? [Describe]			
14. Do you have heart murmurs; episodes of irregular heart beat; shortness of breath or chest pain on exertion? [If so, describe symptoms.]			
15. Do you have asthma? If so, has the condition been stable			

for the past year?			
16. Have you had or do you have ulcers, heartburn, or other intestinal problems? [If so, describe diet requirements.]			
17. Do you require a special diet? [If vegetarian, list what do you not eat.]			
18. Do you have any eating disorders: anorexia, bulimia hypoglycemia? [Describe]			
19. Have you had hepatitis or jaundice? [If so, give date.]			Date:
20. Do you have chronic bladder infections; difficulty with urination; or other bladder or kidney problems? [Describe]			
21. Do you have epileptic-seizures? [Describe severity and frequency] List medications and dosages.			
22. Do you suffer from severe headaches, dizziness or fainting? [Identify and describe.]			
23. Have you ever suffered from a notifiable disease?			
24. Do you have problems with your neck, back, arms, ankles or knees that limit your activities?			
25. Do you have bleeding problems			
26. Do you have chronic skin problems (rashes, sun sensitivity, etc)? List medications required for treatment.			
27. Does your health prevent you from participating in any physical activities?			
28. Do you have any communicable diseases? If so, please indicate the nature of the disease.			
29. For females: Are you pregnant? Do you have premenstrual or menstrual problems?			
30. Have you ever seen a counselor or therapist for psychological or emotional reasons? If "YES": Are you currently under treatment? Have you been under treatment within the last two years? Reasons for treatment: <input type="checkbox"/> Family Issues <input type="checkbox"/> Relationships <input type="checkbox"/> Career <input type="checkbox"/> Depression <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Attempted Suicide <input type="checkbox"/> Academic <input type="checkbox"/> Other [describe]	Yes Yes	No No	
Name of therapist so we may contact him / her if needed		Phone:	
Please provide written permission to your therapist so that we may contact him/her.			
<b>Have you done so?</b>			

**PART III:**

**BACKGROUND FOR THE DOCTOR**

All Guest Expeditions have physically demanding elements. The participant must be of an appropriate level of fitness to participate in a course of this nature.

Any person with normal physical and mental capacity can usually expect to complete an Outward Bound course but preliminary conditioning is strongly advised. The Centre reserves the right to decline any applicant whose physical condition is not suitable for the course. Please describe in detail what you do routinely to maintain fitness (mention activities and frequency):

If you are over 30 years of age and any of the following conditions apply to you, we **STRONGLY SUGGEST** that you discuss with your doctor the advisability of taking a stress electrocardiogram. Please tick the following if applicable:

- |                                                                     |                                                            |                                   |
|---------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> high blood pressure                        | <input type="checkbox"/> overweight or obesity             | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> smoke one / more packs of cigarettes daily | <input type="checkbox"/> a family history of heart disease |                                   |
| <input type="checkbox"/> long-term sedentary lifestyle              | <input type="checkbox"/> previous cardiovascular disease   |                                   |

Consent is hereby given for the applicant to attend an **OUTWARD BOUND** course and permission is given for any emergency anaesthesia, operation, hospitalization or other treatment, which might become necessary. I understand that the programme can involve physically and mentally strenuous activity in a remote area far removed from the facilities of civilization.

The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my participation in **OUTWARD BOUND**. I realize that failure to disclose such information could result in serious harm to myself and my fellow participants and agree to indemnify and hold **OUTWARD BOUND** harmless if all relevant information is not disclosed.

Applicant's Name: (please print): \_\_\_\_\_

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

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



# Outward Bound<sup>®</sup> Hong Kong

## **PART IV:** **DECLARATION**

- I. I, the undersigned, declare that the information provided is true and complete. I agree that my personal data may be used by Outward Bound<sup>®</sup> Hong Kong and its staff for administration, programming and emergency purposes.
- II. I have read and understood the details given in Part A & B above. I agree to abide by the rules for taking part in an Outward Bound<sup>®</sup> course, in particular, to abstain from illegal substances, as well as to participate fully and co-operatively with the staff and others whilst on the course. I understand and accept that if the rules or instructions are not observed, I/the applicant may be dismissed from the course.
- III. I understand that the course can be vigorous and demanding. To the best of my knowledge, there are no medical or other reasons why I should not take part in this course. I am in good health with no undeclared pre-existing medical or psychological conditions, or allergies.
- III. I agree that, while the staff of Outward Bound<sup>®</sup> Hong Kong will exercise reasonable care and supervision, neither Outward Bound<sup>®</sup> nor its staff, shall be liable for loss, damage, or injury to my person or property occasioned by irresponsible acts or behaviour of myself. I also understand that should I not comply with safety instructions of the Outward Bound<sup>®</sup> staff, I may be held liable for any loss damage, or injury to person or property occurring as a result.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date