

Medical Disclosure and Emergency Contact

Toolik Field Station

INSTRUCTIONS: Print form, complete information, bring to Toolik, DO NOT mail form.

Because of confidentiality issues the [Medical Disclosure and Emergency Contact](#) can not be Web Based at this time.

NAME _____

Age: _____ Sex: male female (please circle one) Blood Type _____
First Aid Training: Basic First Aid: _____ CPR _____ Advanced /ETT/WFR _____ EMT _____
(level I, II, III) _____ State Certified _____ Are you willing to be posted as a currently certified EMT
and available in the case of emergency? Yes _____ No _____.

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and truthfully. The facts you disclose will be kept confidential and will be kept on file with the station safety coordinator. The information provided will be given to others (medical personnel, staff, etc.) only in an emergency situation. This form is for your protection, the more complete the form, the better the medical treatment you may receive, if needed. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical responders inquiries. Please print your responses. Attach additional pages if more space is needed.

IMPORTANT: If you know or suspect that you have some medical situation that may be aggravated by intense field work and the situation is not covered in any of the questions in this form, you **MUST** explain it, at the end of this form. Also, if you discover at any point before or during your stay at the station that you need to amend this form (i.e. discover you have the hepatitis -B virus), you **MUST** inform the safety coordinator with the change as soon as reasonably possible.

PERSON TO CONTACT IN EVENT OF EMERGENCY (parents or nearest relative)

Name:	Relationship:
Phone:	Message Phone:
E-mail	FAX:
Address:	
If the person named above is not available in the event of an emergency, notify:	
Name:	Relationship:
Phone:	Message Phone:
E-mail	FAX:

MEDICAL INSURANCE: Each Toolik Field Station project member must have medical/accident insurance that will cover the expenses of serious illness or accident, as well as accidental death and dismemberment coverage, and emergency evacuation. You must check with your health plan to verify that coverage applies. Project members are responsible for all expenses in the event that they become ill, injured, or require emergency evacuation. **NOTE:** You are 375 miles from the nearest hospital located in Fairbanks AK. Options for evacuation: 1) Drive to Fairbanks 9+ hours, 2) Charter air ambulance from Galbraith strip nine-miles South of Toolik, 3 hours to get plane to Galbraith, 2 hours to fly to Fairbanks or Anchorage. Cost can range up to \$20,000 for air ambulance (weather dependent). 3) Drive to Prudhoe Bay Clinic, 133-miles 4 hours.

List below your medical/accident insurance company:

Policy#: _____ Phone Number: _____

CONFIDENTIAL INFORMATION

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IMMUNIZATIONS AND TESTS:

We require a tetanus immunization or booster within the last 10 years in order to participate in Toolik Field Station projects. Please give the most recent year you were immunized or tested for tetanus or tetanus/diphtheria: _____.

HEALTH HISTORY: Please check the appropriate space for any illness that you have had in the past with a **P** or have now with a **N**:

- _____ anemia, sickle cell _____ anemia, other _____ meningitis _____ gout _____ mononucleosis
- _____ headaches, migraines _____ asthma _____ phlebitis _____ bleeding tendencies
- _____ eating disorders _____ pneumonia _____ bronchitis _____ heart disorders
- _____ rheumatic fever _____ cancer _____ hepatitis _____ HIV positive _____ colitis
- _____ hypoglycemia _____ hyperglycemia _____ stroke _____ diabetes _____ high blood fats
- _____ thyroid disorders _____ intestinal parasites _____ tuberculosis _____ ulcers
- _____ frequent ear infections _____ kidney stones _____ breast fibrocystis
- _____ malaria _____ rheumatoid arthritis _____ gallbladder disorders _____ high blood pressure
- _____ thyroid disorders _____

Explain any check above and add any situation is not listed: #:

GENERAL ALLERGIES: Please check any of the following that apply.

- _____ insect bites or stings _____ animal hair/dander _____ pollen (hay fever)
- _____ foods (specify below) _____ other (specify below)

Explain any checks above here, if necessary:

MEDICINAL ALLERGIES: Please check the appropriate space for any drug to which you know or suspect you are allergic:

- _____ penicillin _____ pain medicine (i.e. codeine, morphine, etc.) _____ ampicillin _____ Demerol
- _____ sulfa drugs _____ Novocain or other local anesthetic _____ tetracycline
- _____ tranquilizers (i.e. Librium, Valium, etc.) _____ aspirin _____ X-ray dyes
- _____ erythromycin or other "mycins" _____ sleeping pills (i.e. Seconol, Nembutal, etc.)
- _____ vaccine sera _____ others (specify below)

Explain any of the checks above and detail any symptoms to typically have:

PHYSICAL CONDITION: Please list all physical disabilities, chronic illnesses, allergies, previous injuries or any other limitations that could affect your full participation during your stay at the station.

Can you swim: _____ (yes/no) _____ Pace Maker

Do you wear: _____ glasses _____ contact lenses (if contacts lenses) _____ hard _____ soft

_____ artificial limb/prosthesis (if yes please list:) _____

DIETARY RESTRICTIONS: Are you on a restricted diet for any medical reason? Please describe any dietary restrictions.

MEDICATIONS: List all medications you will be taking during your stay. Are you taking any medication(s) for which it would be critical or life-threatening if you run out? Bring sufficient quantities of required medications and the prescription should you need an additional amount. All medicines, prescribed or over-the-counter, must be transported in their original packaging.

GENERAL : Is there ANYTHING in your medical history or present health status that has not been covered in this form, and which you think we should be aware of in order to help you participate in Toolik Field Station research projects? Are there any treatments you don't want performed for religious or other reasons?

HEALTH AND SAFETY CERTIFICATION:

I have consulted with a medical doctor with regard to my personal medical needs. I am aware of all applicable personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in Toolik Field Station research programs.

The Toolik Field Station may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the Toolik Field Station, University of Alaska Fairbanks from any liability for any actions.

In the event that I am physically incapable of consenting to medical attention, I place within the discretion of the designated station safety personnel, the decision to seek and allow professional medical attention or services.

I assume all risk and responsibility for my own medical needs. I hereby waive all claims or causes of action against the Toolik Field Station, University of Alaska Fairbanks, its auxiliary organizations, and the officers, directors, employees and agents for responsibility for any health problems incurred during my participation in the above referenced participation of research programs at the Toolik Field Station.

Project Participant's Signature

Printed Name

Date