CONFIDENTIAL

Global Youth Leadership Institute
Year 1 Participant Medical Report
[To be completed by a Medical Practitioner]

Global Youth Leadership Institute (GYLI) promotes an active learning environment. Some of the activities in our Year 1 program, such as raising and lowering sails, and walking up and down steep stairs, require our participants to be in good health. Participants will always be in close proximity to First Aid medical care, and advanced medical assistance will be available. However, it is essential that you inform us of any condition that poses the risk of sudden incapacitation, or any condition requiring medication that may affect the participant's physical or mental abilities while at the program. In most cases, we can accommodate medical conditions and physical limitations. GYLI, however, must reserve the right at any time to decline participation to anyone with medical or physical problems that could create a potentially dangerous situation for him/herself or others.

Please complete <u>EVERY</u> section. Write N/A, if not applicable
An incomplete medical report <u>WILL</u> delay participation.

Participant's Name_____Gender: M F
First Middle initial Last

Date of Birth _____ Height (ft, in)_____Weight (lbs) _____
Month Day Year

Blood Pressure_____/_____Pulse (resting) _____

Is the participant able to participate in activities including the following: (Circle reply)

Speak and understand English?	Yes No
Climb steep stairs or vertical ladders and step over 18" hatchways?	Yes No
Participate in emergency drills and don a survival suit without assistance?	Yes No
Maintain balance on a moving deck?	Yes No

Please explain any "No" answer(s)

_____

_____

_____

Does the participant have any medical conditions that GYLI should be aware of?

_____

_____

_____

_____

Allergies: including food, medication, latex or environmental. Describe reaction.

Does the participant have an allergy that will require access to epinephrine?

List current medications include over-the-counter and psychotropic medications	Take for: Condition or Symptom	Dose / Frequency

Summary of findings: (Circle one, add comments as appropriate)

Considering the findings in the physical examination, and noting the activities to be performed by the participant at a GYLI summer program, I consider the applicant to be:

Fit to participate in GYLI programs: Fit to participate with the following restrictions:

Printed/Typed Name of Physician/Physician's Assistant/Nurse Practitioner	Telephone Number
Physician/Physician's Assistant/Nurse Practitioner Signature	Date State License Number

I certify that all information provided by me is complete and true to the best of my knowledge.

Signature of Applicant	**Date**

Privacy Statement – All medical information submitted to GYLI on this medical report is for the sole use of GYLI, its medical advisors for the purposes of evaluating the physical condition of applicants, and by emergency medical personnel and doctors in case of injury or illness.