

# Medication Questionnaire



**OUTWARD BOUND  
COSTA RICA**

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Participant Name

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Course Name & Session Dates

Dear Health Care Professional:

Outward Bound Costa Rica inspires and develops leadership, compassion, responsibility, respect for the environment and commitment to serve through adventure-based wilderness experiences led by a skilled, safety-conscious staff.

Our classroom is a wilderness setting and may include a variety of activities such as hiking, river rafting, kayaking, scuba diving, surfing, family homestays, volunteering in remote communities, and a solo experience. Courses usually involve co-ed, multi-aged groups of 6-12 individuals from various backgrounds. Skills are taught from a beginner level, and expeditions are conducted in all weather conditions in varying environments. Solo is a 3 to 48-hour experience that offers time for introspection, quiet, rest, and journal writing. Participants are given specific boundaries, a shelter, sleeping bag, water supply, and food. They are checked by instructors and have a means of communicating distress if the need arises.

**While our staff members are well-qualified wilderness instructors, trained in wilderness first response and first aid, they hold no medical degrees.** Our courses are not designed to address the symptoms that the participant's medications are designed to treat. We need to understand that your patient's present level of functioning (while on medication) will not deteriorate significantly when they are exposed to the various stresses of the OBCR course.

Please confirm you have read the above message:

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Physician Name

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Phone Number

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Physician Signature

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Emergency Phone Number

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Date

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Years Known

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Email



\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Course Name & Session Dates

**Participant Medication Information** (please attach an additional page if necessary)

Name of Medication	Dosage	Dosage Taken Since	Medication Taken Since

1. What symptom(s)/behavior(s) are being addressed by the medication?
2. Could abrupt changes in activity level, sleep patterns, fluid intake, diet, altitudes, temperature, or sun exposure decrease the effectiveness of the medication(s) your patient is taking?  
 Yes  No (If yes, please explain.)
3. Is your patient currently stable on their medications?  
 Yes  No (If no, please explain.)
4. How has the medication improved your patient's condition?
5. Do you recommend that your patient attend Outward Bound Costa Rica at this time?  
 Yes  No (If no, please explain.)
6. Do you have any reason to believe the medications will stop treating these conditions effectively while on an OBCR course?  
 Yes  No (If yes, please explain.)
7. Does your patient experience any side effects including dizziness, dehydration, sun sensitivity or stomach sensitivity?  
 Yes  No (If yes, please explain.)
8. What do you recommend if a medication becomes lost/damaged and cannot be replaced in less than 72 hours?
9. What if your patient misses a dose?
10. What symptoms would your patient experience if their medication routine was disrupted by loss on course?

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date