

BOSIA STUDENT MEDICAL CLEARANCE FOR PARTICIPATION

Student's Name: _____ Date of Birth: ___/___/___
Home Address: _____

Name(s) and Phone Numbers of Parent(s) or Guardian(s):
1. _____ Home: _____ Cell: _____
2. _____ Home: _____ Cell: _____

Emergency Contacts (other than immediate family members):
Name(s): _____
Relationship to Student: _____
Phone Number(s): _____

Usual Medical Provider:
Name: _____ Degree: _____
Address: _____ Phone: _____

Medical Insurance Coverage: *(check with carrier as to details of international coverage)*
Company: _____ Policy Number: _____
Subscriber: _____ Group Number: _____

HEALTH HISTORY
(To Be Completed By Health Care Provider)

HEALTH HISTORY:
Current Health Issues: _____
Previous Health Issues: _____
Hospitalizations: _____
Surgeries: _____
Describe any history of anxiety, depression, eating disorder, insomnia, ADHD, or behavioral issues:

Disability or Special Equipment Needs: _____

ALLERGIES: (Describe reaction)
Y / N Medications:
Y / N Foods, Insect Bites/Stings:

MEDICATIONS: List all medications student will carry: Rx and OTC (including complimentary/alternative). Provide dosages and instructions.; Include Epi Pen/albuterol/diphenhydramine/ranitidine if any history of anaphylaxis, albuterol MDI if any history of asthma/wheezing.

IMMUNIZATIONS: (Provide Month/Year of most recent immunizations)

Diphtheria / Tetanus (Tdap): ___/___ MMR: ___/___ Polio: ___/___ Varicella ___/___
Hib: ___/___ Pneumococcus: ___/___ Meningococcus: ___/___ Hep A: ___/___
Hep B: ___/___ Influenza: ___/___ **Typhoid: (recommended)** ___/___
Rabies: (not routinely recommended; avoid close contact with animals and report bites): ___/___

PHYSICAL EXAMINATION

Student's Name: _____ Age: _____ Date of Birth: ____/____/____
 Height: _____ Weight: _____ BMI: _____ BP: _____ P: _____ RR: _____

Vision: (glasses Y / N contact lenses Y / N)

Left: ____/____
 Right: ____/____

Hearing: Right: Normal / Abnormal
 Left: Normal / Abnormal

	<u>Normal</u>	<u>Abnormal</u>
HEENT	_____	_____
Teeth (braces Y / N)	_____	_____
Neck	_____	_____
Heart	_____	_____
Lungs	_____	_____
Abdomen	_____	_____
Skin	_____	_____
Neurologic	_____	_____
Emotional Maturity	_____	_____

COMMENTS: _____

RECOMMENDATIONS:

Ometepe is a tropical, low-resource, rural island. Sanitation is poor and medical resources are limited; however, adult chaperones accompany the student delegation. Students live with non-English-speaking host families, which can be stressful. The most common health risks relate to insect bites, GI illnesses, and homesickness. With this in mind, please assess the student's suitability for participation:

Y / N FULL PARTICIPATION, NO CONCERNS

Y / N QUALIFIED WITH THE FOLLOWING CONCERNS/ ACCOMMODATIONS:

Y / N DISQUALIFIED (LIST REASONS)

A medical professional accompanies the delegation but may not be immediately available. We recommend students carry medications to treat common illnesses (see following page), but should report any illness to their chaperone. Please review and prescribe the attached inventory of what we recommended students carry with them. Indicate any medical contraindications to use of any.

Signed: _____ Title: _____ Date: ____/____/____

Printed Name: _____

BOSIA STUDENT DELEGATION FIRST AID MEDICATION GUIDELINES

TO PARENTS AND HEALTH CARE PROVIDERS: Read carefully.

Note to provider: **Typhoid** immunization is recommended (either PO or parenteral). **Malaria** prophylaxis and yellow fever immunization are not. **Rabies** series is not routinely recommended, is at discretion of parent/guardian. Consider if more extensive travel to low resource countries anticipated.

Each student must take responsibility for his/her own health and well-being while traveling. This includes, but is not limited to avoidance of potentially contaminated food and water, sun and heat protection, adequate fluid intake, insect protection, adequate rest, compliance with any regular medications, avoiding risky behavior and following general travel safety rules.

Chaperones have a copy of “Lonely Planet—Healthy Travel, Central and South America,” copies of health and medically relevant information on trip participants, common sense, and the ability (not necessarily emergently) to consult with the accompanying health care professional. In addition, basic health care and pharmacies are rarely more than 2 hours away. Telephone contact for advice can usually be made more quickly than that. Health care facilities on Ometepe can provide IV fluids and some medications. For Xray or more acute services the student would need to be transported off-island via boat. Evacuation insurance is provided.

NOTE: In the event of pregnancy risk chaperones carry:

- a. Levonorgestrel 0.75 mg: 2 tablets as soon as possible, 89% effective up to 5 days in preventing pregnancy, more effective if given earlier

It is recognized this is a sensitive topic. BOSIA’s position is that we will always encourage and support communication between the student and parent/guardian. Our first responsibility is student health and safety. We are bound by WA state law which states that confidential treatment is legally required and parental consent is not legally required for:

- emergency medical services, which may be provided to a minor at any age
- minors over age 14 may give own consent for STI testing and treatment
- minors over age 13 may consent to mental health treatment
- minors of any age may consent for pregnancy (and abortion-not applicable for Ometepe) services

<https://depts.washington.edu/hcsats/PDF/guidelines/Minors%20Health%20Care%20Rights%20Washington%20State.pdf>

We recommend students carry the following unless there is a contraindication.

PRESCRIPTION DRUGS—NOTE that child proof packaging is recommended for all meds as children are often present in households and students rarely have the ability to keep their belongings out of their reach.

1. ORAL ANTIBIOTICS for Traveler’s Diarrhea:

a. **Azithromycin** 250 mg: (Alternatives are single dose/short course levofloxacin/ciprofloxacin, although these have 2016 FDA box warnings for other uses. Rifaximin has also been used. Trimethoprim/sulfa is NOT effective in traveler’s diarrhea.)

--4 tablets as single dose for severe or persistent **diarrhea** or if travel is necessary (especially if fever, blood in stool, dehydration from diarrhea, more than 4 stools/day). If severe seek medical care.

2. VOMITING:

Ondansetron oral dissolving tablets (ODT) (Zofran) 4 mg: 1 tablet placed under tongue every 6-8 hours, let dissolve. Begin oral hydration with sips of safe fluids 15-30 minutes later.

SPECIAL PRESCRIPTION DRUGS --if in provider's judgment is indicated, not available on Ometepe.

3. ASTHMA/WHEEZING/ALLERGIC REACTION with SHORTNESS OF BREATH:

Albuterol inhaler: 1 puff (remove cap, hold opening 2 fingerbreadths from mouth, exhale, push down on can and inhale as puff released.). Wait 1- 2 minutes then repeat. Use as often as needed to control wheezing/cough. Usual dose is 2 puffs every 4 hours, but may use more often if needed. Seek care for significant respiratory distress. May cause a feeling of jitteriness, faster heart rate. (Not dangerous).

4. SEVERE ALLERGIC REACTION (Swelling of lips/mouth/tongue/airway, difficulty swallowing or breathing, wheezing, sudden redness of skin and itching/hives, often accompanied by anxiety):

Epinephrine:

a. (Epi-Pen 0.3 mg). Student should also carry diphenhydramine (Benadryl).

- Instructions on package. Open and remove device.
- Form a fist around the Epi-Pen. Hold vertically. With other hand remove blue lid, orange tip down.
- Hold at 90 degrees to outside of thigh, push orange tip hard against outside of thigh for 10 sec. until you hear a click. OK to inject through clothing.
- Massage area to distribute medication. There will be some liquid left in the device.
- Give 50 mg (2 tablets) of oral diphenhydramine .
- Seek medical care.

b. Generic Adrenaclik: lower cost alternative to Epi-Pen. Instructions for use are different than for Epi-Pen, make certain that student and chaperone review in advance of trip.

c. See note under Medications under Health History: Include diphenhydramine, ranitidine, and albuterol MDI for any history of anaphylaxis

OVER THE COUNTER MEDICATIONS (parent/guardian to obtain for student):

1. PAIN/FEVER:

- a. Acetaminophen (Tylenol) 500 mg:** 1-2 tablets every 4-6 hours, not to exceed 4 gm (8 tablets)/day. Be aware that many "combination" over-the-counter medications contain acetaminophen.
- b. Ibuprofen (Advil, Motrin):** 200 mg: 1-4 tablets every 6-8 hours for pain. **Do not use for fever if there is any concern of dengue infection.**

2. ALLERGY, ITCHING, BUG BITES, HIVES, RUNNY NOSE (Antihistamines):

a. Non sedating antihistamine. Examples (generic name listed first): **Loratadine/Claritin** (10 mg once a day), **Cetirizine/Zyrtec** (10 mg once a day) **or Fexofenadine/Allegra** (60 mg twice a day).

b. 1% Hydrocortisone cream: to use on skin as needed for itching

3. DIARRHEA

Loperamide (Imodium) 2 mg: 2 tablets with first diarrheal stool, may repeat with 1 tablet after next loose stool. Maximum dose 16 mg/day, but if diarrhea is this severe seek medical care. If not improving in 24 hours or if travel imminent without access to bathroom, consider giving antibiotics. Loperamide decreases stool frequency, but does not make infection resolve more quickly as antibiotics do. **DO NOT USE** if FEVER or BLOODY DIARRHEA.