

Wilderness Medicine Field Course (WMFC)

Registration

(1) Course Date: _____ Location: _____

(2) Student Name: _____

(3) Address: _____

(4) Telephone: _____

(5) Mobile Phone: _____

(6) Email Address: _____

(7) Circle one of the following:

(a) Medical Student

(f) Climber

(b) Doctor

(g) Kayaker

(c) Tri-athlete

(h) Guest

(d) Adventure Racer

(i) Other _____

(8) Medical School or Group Affiliation: _____

(9) Please specify your sports interests (if any): _____

(10) Will you be taking the class for the first time? Yes No

(11) Do you have any medical conditions that could put you in danger in a remote wilderness environment? Yes No

If Yes - please explain: _____

(12) Do you have a current CPR certification? Yes No

(13) Are you interested in a Wilderness First Responder Certification? Yes No

FOR PHYSICIANS:

(14) Are you a physician? Yes No

(15) Are you in AMA? Yes No

(16) Are you in ACEP? Yes No

Please Sign & Date

RETURN COMPLETED FORM VIA eMAIL: WildMedMD@comcast.net

Your registration becomes active when course director receives your registration fee and liability form. If you have any questions, please email or call Dr. Smith, MD at 301-524-6911