

## TWO WHEEL VIEW

### Medical Evaluation

**IMPORTANT:** To the student and the parent(s)/guardian planning to participate on a TWO WHEEL VIEW international bicycle expedition program.

It is extremely important that you disclose all of your medical history to the medical professional who will be performing your medical evaluation, even if you do not believe that your condition might create a problem for you while you are abroad. Individuals with known and ongoing medical problems must take special precautions in preparing for and managing their situation overseas if accepted to the TWV program.

TWO WHEEL VIEW requires this Medical Evaluation to be completed before acceptance on any TWO WHEEL VIEW bicycle expedition program. This information will be kept confidential in accordance with the law. If accepted to the program, this information may be disclosed with program leaders and staff with the highest level of discretion to protect your privacy.

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Program/Country: \_\_\_\_\_

**I agree to make true and accurate statements regarding my health to the examining Physician/Health Practitioner:**

Student Signature: \_\_\_\_\_

Signature of Parent or Guardian of Minor \_\_\_\_\_ Date: \_\_\_\_\_

### **IMPORTANT:**

To the Physician/Health Practitioner Conducting the Medical Evaluation. **Physician/Health Practitioner must be licensed in the U.S. or Canada and cannot be an immediate family member.**

The person named above has applied to participate in a TWO WHEEL VIEW bicycle expedition program. If accepted to the program, the student will spend two weeks abroad with a group of eight to 10 other youth. TWV expects participants to be enthusiastic, cooperative and appreciative of the opportunities afforded to them through our program. Trips sometimes operate under difficult and challenging conditions, and TWV expects participants to be cooperative and attentive at all times.

The expedition program is a very active, physically and emotionally demanding program that requires both emotional and physical strength and maturity. Traveling by bicycle in a foreign environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild disorders. It is important that all participants are able to adjust to potentially dramatic changes in climate, diet, and living and traveling conditions that may be seriously disruptive to accustomed patterns of behavior.

Essential eligibility requirements for TWV international bicycle expedition:

- Ability to ride a bike three to four hours a day for two weeks covering a distance of 30 to 50 miles a day.
- Ability to ride a bike that is loaded with 35 to 50 pounds of equipment.
- To be enthusiastic, cooperative and work in a team environment.
- To follow all applicable rules, policies and guidelines of TWV.
- To participate in group activities and provide verbal and/or written feedback to staff and group.

For more information about this form or for details about the bicycle expedition program please contact:

**Phil Lucero, International Trip Program Director**

**TWO WHEEL VIEW**

(866) 858-2453 toll free voice mail

(505) 459-3018 direct

phil.lucero@twowheelview.org

Send Completed Form to : TWO WHEEL VIEW  
USA: PO BOX 40084 - St. Paul, MN 55104  
CANADA: #207, 223 12th Ave SW - Calgary, AB T2R 0G9

**PHYSICIAN/HEALTH PRACTITIONER EVALUATION**

Name of Student: \_\_\_\_\_

Yes _ No _	1. Does the student have any recent continuing health problems? (If yes, please explain)
Yes _ No _	2. Does the student have any existing health conditions that may require treatment during the period of the program? (If yes, explain the condition and what treatment may be required)
Yes _ No _	3. Is the student currently being treated or have they been treated within the past five years for a mental health condition? (If yes, please explain)
Yes _ No _	4. Does the student have any drug or food allergies? (If yes, please describe reaction)
Yes _ No _	5. Is the student taking any prescription medications? (If yes, please explain)
Yes _ No _	6. Is there any additional information that would be helpful for the program to be aware of? (If yes, please explain)
Yes _ No _	7. Does the student have any conditions that will require accommodations while on this program? (If yes, please explain)

**NOTE TO PHYSICIAN:**

The TWO WHEEL VIEW bicycle expedition program will be a demanding experience from several points of view. For two weeks there will be increased physical and emotional stress as participants are exposed to new climates, cultures and group environments. In your opinion, is the above-named person physically and mentally fit to participate?

Recommendation of examining physician (please indicate by checking the appropriate statement)

\_\_\_\_\_ Medically fit for a TWV expedition program.

\_\_\_\_\_ Medically fit for a TWV expedition program but with limitations (please describe limitations)

\_\_\_\_\_ Not medically fit for a TWV expedition program.

**Certification:**

This is to certify that I have examined the above individual and found him/her to be fit /not fit for a TWV expedition program as indicated above. I have completed this medical evaluation based upon information disclosed by the student named above:

Physician/Health Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_