



Frequently Asked Questions Concerning the Annual Health and Medical Record

[En Español](#)

Q. Why does the BSA require all participants to have an Annual Health and Medical Record?

A. The AMHR serves many purposes. Completing a health history promotes health awareness, collects necessary data, and provides medical professionals critical information needed to treat a patient in the event of an illness or injury. It also provides emergency contact information.

Poor health and/or lack of awareness of risk factors have led to disabling injuries, illnesses, and even fatalities. Because we care about our participants' health and safety, the Boy Scouts of America has produced and required use of standardized annual health and medical information since at least the 1930s.

The medical record is used to prepare for high-adventure activities and increased physical activity. In some cases, it is used to review participants' readiness for gatherings like the national Scout jamboree and other specialized activities.

Because many states regulate the camping industry, the Annual Health and Medical Record also serves as a tool that enables councils to operate day and resident camps and adhere to BSA and state requirements. The Boys Scouts of America's Annual Health and Medical Record provides a standardized mechanism that can be used by members in all 50 states.

Q. Where can I find the Annual Health and Medical Record?

A. The only way to assure you have the proper documents is from the website:

<http://www.scouting.org/HealthandSafety/ahmr.aspx>. Please only download from this website.

Q. Who needs to complete an Annual Health and Medical Record?

A. For any and all Scouting activities, all participants must complete **Part A and Part B**. "All participants" includes parents, guardians, siblings, youth, staff, and unit leaders. Though **Part C** is only *required* for participation in events lasting longer than 72 hours, all BSA participants are encouraged to complete this Pre-Participation Physical during an annual physical performed by a medical professional.

Q. What is meant by "Annual"?

A. An AHMR is valid through the end of the 12th month from the date it was administered by your medical provider. For example, a physical administered March 3, 2014, would be valid until March 31, 2015. The AHMR in use before March 1, 2014, will be valid only until April 1, 2015, and only if it was completed before April 1, 2014.

Q. What do leaders do with the Annual Health and Medical Records they collect?

A. In all cases, the information gathered is for use in conducting a safe Scouting program. Information gathered in the AHMR must be maintained and shared in a confidential and discreet manner. Some conditions may require communication to ensure the safety of participants. This information should only be shared on a "need-to-know" basis.

Following are some of the best practices for using and storing the records:

- The Annual Health and Medical Record is secured to maintain the confidentiality of the information, yet at the same time, the forms should be accessible by adult leaders in an emergency. The following guidance will assist leaders in achieving this goal:
 - Leaders are encouraged to maintain the original AHMR forms in a safe location in a binder or file that protects the documents entrusted to the unit leader.
 - The AHMR should be taken on all activities.
 - Designate a leader to keep the files containing the AHMR up to date. This may include reminding participants to update the AHMR annually or as needed.
 - Designate a leader as the point of contact with event or camp health officers. If needed, the leader should arrange to have the AHMR returned to him or her at the end of the event, if allowed by the state.

- The unit leader (or his or her designee) is responsible for destroying or returning to the participant (or parent and/or guardian) the AHMR documents when the participant leaves the unit or when the documents become outdated.
- Records are NOT to be digitized, scanned, sent by email, or stored electronically by unit leaders.
- To streamline a summer or winter camp check-in, records of all participants are reviewed to make sure they are up to date, completed, and signed before leaving for camp. Be sure to check with the camp for any additional information that may be needed. For example, specific immunization records may be required in some states.

Prepared leaders use the AHMR in the following ways:

- Review each participant's health history. This aids the leader in becoming knowledgeable about the medical conditions of adults and youth members in the unit.
- Review any treatment plans that may exist with participants and/or parents of youth. Examples might include plans for asthma, food or other allergies, anaphylaxis treatment, behavior, hypertension, and other health risks and medical restrictions that may require accommodations. Knowledge of a participant's use of an inhaler would allow the leader to prompt the youth to bring it on an overnight camping trip.
- Be knowledgeable of a participant's restrictions. This may allow the leader to find ways to extend the Scouting program to those with restrictions while also protecting others and providing a positive and safe experience for everyone. The leader may be able to plan alternate activities (within Youth Protection guidelines) for those youth members who are unable to participate in a long hike or a swimming event.
- Assist leaders to better coordinate ongoing medical care, such as administration of medications or bandage changes, with parents or other authorized and trained leaders in the unit who agree to assist the participant. This kind of assistance is especially necessary during events lasting longer than 72 hours when a parent or guardian may not be present and the youth member must take regularly scheduled medication.

Q. Can I use last year's Annual Health and Medical Record with a physical conducted in August 2013 for a summer camp in June 2014?

A. Yes, because 2014 will be a transition year. An Annual Health and Medical Record that contains a valid physical exam can be used to meet your council's resident camp standards in 2014. It is suggested that those individuals who do not have a current pre-participation exam use the latest version now. The old versions will be obsolete as of April 2015.

Q. What do we do with the supplemental risk advisory (the part formerly known as D)?

A. Each of the high-adventure bases has developed a risk advisory to be taken with you to your pre-participation physical exam. This information is designed to give your medical provider an idea of the environment you will be experiencing so he or she can help you be prepared for the trek. We are encouraging councils as a best practice to develop and publish risk advisories for their camps. Take them along for your examination if they are available. Please contact the camp directly if there are questions about health risks for your participation, or if accommodations are being requested.

Q. Can I use the Annual Health and Medical Record for participation at the high-adventure bases?

A. Yes. There is only one health record for the BSA. However, it is imperative that you read the supplemental risk information and check with the specific high-adventure base you are attending. YOU are responsible to be prepared for your high-adventure trek and understand and follow all high-adventure base rules, procedures, and guidelines.

Q. Can I keep a record of my Annual Health and Medical Record somewhere at my council's office or online?

A. No. Please don't digitize! Districts and councils are discouraged from keeping any medical records, whether digital or paper, unless required by local or state ordinances. However, the electronic version of the Annual Health and Medical Record is intended to be filled out and saved by individual Scouts and Scouters. The electronic version of the Annual Health and Medical Record should not be transmitted via email or stored electronically by units, districts, or councils. Units are encouraged to keep paper copies of their participants' Annual Health and Medical Records in a confidential medical file for quick access in an emergency and to be prepared for all adventures.

Q. What should I do if the participant's health status changes significantly between the time he/she has the physical exam and the activity occurs?

A. The medical form is a snapshot of your health at the time of the physical. Don't put yourself and others at risk by failing to recognize and disclose changes in your health status. New medicines, surgery, illness, and changes in disease process are all reasons to ask your provider to reassess the participant's health status and fitness to participate.

Q. Why don't we have an online version or high-tech medical record?

A. Plans are under way to provide the capability to do this, but there is no scheduled completion date at this time.

Q. What does it mean by "adults authorized to take youth to and from events"?

A. For the majority of our participants, their parents or legal guardians will release youth to and retrieve them from a Scouting event. You may change or add to this information someone who you authorize to pick up your child early from an event or if you are engaging someone to transport your child to and from the Scouting program.

NOTE: This is not a list of specific drivers for a tour. Those are listed on the unit or contingent tour and activity plan, not on an individual's Annual Health and Medical Record.

Parents and legal guardians are encouraged to review this information on a regular basis with Scout leaders to make sure they understand any out-of-the-ordinary requests or unusual circumstances such as who should *not* pick up a youth.

Q. Does Wood Badge OR NYLT require Part C, the pre-participant physical?

A. Yes, the course is more than 72 hours in duration, even if split into multiple weekends. Contact your course director to see if the course will be conducted in a backcountry location that will require adherence to the height/weight chart.

Q. What do I do if the medications listed on the form change between the physical and the Scouting event?

A. You should update the information and be sure that the prescribing physician verifies that the new medication does not alter the participant health status and ability to participate.

Q. Do I really need to explain everything about myself or my child, such as learning disabilities or depression? I don't want myself or my child to be treated differently.

A. As hard as it may be to share these aspects about yourself or your child, this information is needed to keep our participants safe and is imperative when giving emergency care. Please be thorough and honest. A Scouting activity is not the place to change or stop medications.

Q. We have a Scout whose family does not want him immunized against Tetanus, which is required. What should we do?

A. An immunization exemption request is available here: [Immunization Exemption](#).

Q. If a Scout's family does not believe in the use of doctors, how can he complete the medical form to attend summer camp?

A. The family would complete Parts A and B of the Annual Health and Medical Record. They would also need to fill out the [Medical Care Exemption Request](#) to waive the exam. Please note that there may be camp/state requirements in addition to this, and the camp health officer will conduct a well exam on arrival to determine that a communicable disease is not present.

Q. Can I decline medical treatment?

A. Yes, but a [Medical Care Exemption Request](#) must be completed.

Q. Can I use another medical exam, such as a school sports exam, and attach it to the Annual Health and Medical Record?

A. No. We have designed the Annual Health and Medical Record to address the risks in Scouting. We would encourage participants who need both types of exams to complete them at the same time.

Q. Our camp is at least 30 minutes from the local hospital by ambulance or EMS. Does this mean that we automatically have to meet the height/weight requirements for all activities at the camp?

A. While response time for basic or advanced life support should be a consideration for a camp's emergency action plan, it is not the record's intent. If your travels by foot, bicycle, horseback, afloat, or any other mode of transportation take you more than 30 minutes off an accessible roadway where an emergency vehicle can reach you, you will be required to meet the height/weight requirements.

Q. When does the height/weight chart apply? We have differing opinions in our unit/district.

A. The height/weight chart will apply in the following known adventure activities:

- When your travels take you more than 30 minutes off an accessible roadway, fire lane, camp road, etc., or where you float, walk, hike, bike, or otherwise go into the backcountry. Depending on the terrain and local conditions, this might be a few hundred yards or a few miles into the backcountry. Most BSA high-adventure camps include a backcountry component (ask them about their requirements before you go). For example, Philmont Scout Ranch has this standard in place.
- When your lodge, unit, district, or council requires it as part of a program.
- The height/weight chart generally would not apply in the following situations (unless specific instructions are issued as an exception):

- The majority of BSA resident camps and most local council Cub Scout/Boy Scout resident camps have drive-up campsites and don't require packing in or out.
- Cub Scout programs. (Backcountry and high adventure are not age-appropriate for Cub Scouting.)
- Wood Badge courses in a typical resident camp setting, though courses held at a national high-adventure base such as Philmont Scout Ranch will enforce the limit.

Q. I believe my body fat percentage will prove that I am fit and able to participate in the events described in the Annual Health and Medical Record requiring the use of the height/weight chart. Can I obtain a body fat test from my physician and use those results?

A. Yes, body fat percentage may be used if your weight is 295 pounds or less. However, please call the camp to determine if any specific testing is required. (Acceptable body fat percentage for women is 20 percent or less. Acceptable body fat percentage for men is 15 percent or less. Verification by a physician is required.) Philmont Scout Ranch requires a hydrostatic weighing or DXA test to determine percentage of body fat.

Q. My child is underweight according to the chart on the Annual Health and Medical Record. Can he still participate in high-adventure activities?

A. Yes, if he is cleared by his healthcare provider as stated on the record. It's a good idea to confirm the specific program he will be attending as some have different requirements. Based on our experience, excessive body weight is a much higher risk for most activities. See <http://www.bcm.edu/cnrc/bodycomp/bmiz2.html> for further information concerning underweight youth.

If his high-adventure activity includes backpacking, make sure his pack weighs no more than 20 to 25 percent of his body weight as recommended by Philmont Scout Ranch and the Health Lodge Task Force. Northern Tier National High Adventure Programs enforce a 100-pound minimum because of the rugged nature of travel and the fixed weight of items that must be carried over portages.

Q. What is the appropriate maximum weight for us to use as my child/I am under 60 inches tall?

A. Subtract 6 pounds for every inch you are shorter than 60 inches to come up with a maximum acceptable weight for your height. (Example: 58 inches, maximum would be 166 pounds–2 (inches less than 60) x 6 pounds = 154 pounds.)