

World Scout Jamboree Health History and Options

Greetings from the 24th World Scout Jamboree Health History (WSJ HH) and Registration Team! To promote and provide a safe Jamboree experience for all attendees, the Jamboree Medical Staff recommends submission of an individual health history from all registered World Scout Jamboree attendees. The WSJ HH will assist the medical providers in caring for those who become ill or injured while at the Jamboree.

It's just 10 months until the 24th World Jamboree and several of you have already begun registering your contingents. It is now time to begin Phase 3 of Registration, submission of each individual's WSJ Health History. The primary method for WSJ HH submission is for each Youth, Adult Leader, Contingent Management Team (CMT), International Service Team (IST) and Jamboree Planning Team (JPT) participant to submit their WSJ HH on-line individually (Option A).

Because of the many requests from National Scout Organizations to provide a bulk option for NSOs to register their entire contingent at one time (Registration Phase 1), we also offer the NSO a bulk submission option of their participant's WSJ HH (Option B). This consists of a template form that will allow NSOs to enter their participant's WSJ HH information and submit the information in bulk format to a secure data transfer site for Phase 3 of Registration. This process is compliant with the European Union General Data Protection Regulations (GDPR) and ensures the security of your data for the bulk upload option. Please note, however, that in order to keep your contingent's information secure, this template and your contingent's registration will only be shared and coordinated through your designated NSO Registrar.

Each NSO must decide as to which option their members will utilize for WSJ HH submission. This is an NSO decision for its members. All members of the NSO must submit through the option chosen for them by their NSO – Option A: Individual submission or Option B: Bulk submission

This message:

- A. Reviews the Phases of Registration
- B. Describes the 2 WSJ HH submission options
- C. **Requests your immediate attention to designate your National Scout Organization's (NSO) method of WSJ HH Submission.**

A. Overview of the Four Phases of Registration

For an individual to be completely registered to attend the World Scout Jamboree, their registration record must contain the following:

- Phase 1: Demographics (registration)
- Phase 2: Consents
- Phase 3: World Scout Jamboree Medical Health History
 - Once the National Scout Organization's designated Registrar has approved each of their attendees, they are confirming that the applicant is authorized to be part of that contingent. This approval process triggers the WSJ HH submission process.
 - Only records marked "NSO Approved" will be sent the WSJ HH email and link.

- Phase 4: Training Certificates- (Safe From Harm – all Adult attendees, Orientation and other qualifying certification based on role at the Jamboree- uploaded to the record).

B. WSJ HH Options

The WSJ HH questions are found in appendix A¹. Both Option A and Option B contain the same questions.

Option A – Individual Submission

INDIVIDUAL ENTRY: (Most Efficient and Easiest Option) Data is keyed by the individual or their designee directly into the electronic health record system. For ease of submission this option is available in 83 languages. If this option is selected by the NSO, then each attendee will receive an email requesting submission of their WSJ HH. The email will be sent to the email address of record, which is the address submitted in Registration Phase 1. The email will provide instructions and a link for WSJ HH submission. The primary responsibility for data entry and submission is with the individual. However, if the individual fails to complete the WSJ HH, the NSO's Head of Contingent will be asked to assist that individual with submission. It will be the HOC's responsibility to see that each of their members submits the WSJ HH.

Option B – Bulk Submission

BULK UPLOAD: (Most Complex Method) Involves the completion of a template by the National Scout Organization's Registrar or designee with the health history information for each member. The template, submission (process of upload), and the secure data transfer site is similar to Registration Phase 1 bulk upload. This option is only available in English, French, Spanish. A sample template is found in Appendix B². The primary responsibility for collection and submission of data for this option is with the NSO.

C. **Urgent:** Select your NSO's method of WSJ HH Submission

- Each NSO must select to utilize either Option A (Individual) or Option B (Bulk).
- Once the selection of WSJ HH submission (A or B) has been submitted, **IT CANNOT BE CHANGED.**
- To select, **[CLICK HERE](#)**
- In order to move the registration process along quickly, **please select your NSO's option for submission of the WSJ HH by October 10, 2018.**

Thank you!

John Lea, MD
Jamboree Medical Director
24th World Scout Jamboree



¹ World Scout Jamboree Health History

² WSJ HH Bulk Upload Template

Appendix A

World Scout Jamboree Health History

1. *National Scout Organization (Drop-down lists)
2. *Registration Code (641-XXXXXX-XXXX)
(If you do not know your registration code, you can obtain it from your NSO)
3. *First Name (as it appears on the Jamboree Registration)
4. *Last Name (as it appears on the Jamboree Registration)
5. *DOB (YYYY/MM/DD)
6. *Height (Meters) (Dropdown lists)
7. *Weight (Kilograms) (Dropdown lists)
8. *Do you have any Medication Allergies?
No Yes

If **Yes**, select all that apply. This international selection list is available in English, French, and Spanish only. If you cannot answer in one of these languages skip and move on to question 9.

9. *Do you have any Environmental Allergies?

No Yes

If **Yes**, select all that apply

- | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Animal Dander | <input type="checkbox"/> Hay | <input type="checkbox"/> Pollen | <input type="checkbox"/> Weeds |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Latex | <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cats | <input type="checkbox"/> Metal | <input type="checkbox"/> Ragweed | [Free Text Field] |
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Mold | <input type="checkbox"/> Seasonal | |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Mosquito | <input type="checkbox"/> Tree Nuts | |
| <input type="checkbox"/> Grass | <input type="checkbox"/> Perfume | <input type="checkbox"/> Trees | |

10. *Do you have any Food Allergies?

No Yes

If **Yes**, select all that apply

- | | | | |
|--------------------------------------|-----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Fruit | <input type="checkbox"/> Peaches | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Avocado | <input type="checkbox"/> Glutens | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Bananas | <input type="checkbox"/> Grape | <input type="checkbox"/> Pears | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Bean | <input type="checkbox"/> Honey | <input type="checkbox"/> Pineapple | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Kiwi | <input type="checkbox"/> Pork | <input type="checkbox"/> Tree Nuts |
| <input type="checkbox"/> Caffeine | <input type="checkbox"/> Lactose | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Vinegar |
| <input type="checkbox"/> Cherry | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Raspberry | <input type="checkbox"/> Watermelon |
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Lobster | <input type="checkbox"/> Rice | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Citric Acid | <input type="checkbox"/> Mango | <input type="checkbox"/> Seafood | <input type="checkbox"/> Other [Free |
| <input type="checkbox"/> Coconut Oil | <input type="checkbox"/> Mushroom | <input type="checkbox"/> Seeds | Text Field] |
| <input type="checkbox"/> Corn | <input type="checkbox"/> Nuts | <input type="checkbox"/> Shellfish | |
| <input type="checkbox"/> Egg Allergy | <input type="checkbox"/> Oats | <input type="checkbox"/> Shrimp | |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Onion | <input type="checkbox"/> Soy | |

11. *Do you take any routine medications?

No Yes

If **Yes**, select all that apply. This international selection list is available in English, French, and Spanish only. If you cannot answer in one of these languages skip and move on to question 12.

12. ***Tetanus Immunization**

No Yes Immunization Exemption

If **Yes**, please enter Date of last Tetanus Immunization (YYYY/MM)

13. ***Medical History**

Have you ever been treated for any of the following?

- | | |
|--|--|
| 1. Eye problems
<input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Other Lung/Respiratory Disease
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ear/Nose/Throat problems
<input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Obstructive Sleep Apnea
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Diabetes
<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, DM controlled by (select all that apply)
<input type="checkbox"/> Diet
<input type="checkbox"/> Oral Meds
<input type="checkbox"/> Insulin | 14. Gastro-intestinal Disorders
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. High Blood Pressure
<input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Muscular Disorders
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Congenital Heart Disease
<input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Skeletal (bone) Disorders
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Coronary Artery Disease
<input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Arthritis
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Congestive Heart Failure
<input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Head Injury/Concussion
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Heart Rhythm Abnormalities
<input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Stroke or Cerebral Vascular Accident
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Family History of Heart Disease
<input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Transient Ischemic Attack(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Asthma
<input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Seizures
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Chronic Obstructive Pulmonary Disease (COPD)
<input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Psychiatric Disorders
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 23. Emotional/Behavioral Disorders
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 24. Blood Disorders
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 25. Sickle Cell Disease
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 26. Thyroid Disease
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 27. Altitude Sickness
<input type="checkbox"/> Yes <input type="checkbox"/> No |

14. ***Would like to submit any Additional Health Information or Past Medical History, not covered above?**

No Yes

If **Yes**, then please enter it below.

[Free Form Text Field, 250-character limit]

Appendix B
WSJ HH Bulk Upload

Microsoft Excel File Format of the Template:

- a. The NSO registrar will need access to a copy of Microsoft Excel
 - b. The template file is password protected. The password will be provided only to the NSO's registrar. The NSO registrar should not share the password with any other person. The registrar may open the file with the password without sharing the password to allow a data entry designee to make entries. In any case the NSO Registrar has the responsibility of reviewing all entries prior to submission.
 - c. Each row the template file is a person's HH record. Each column will contain the answer to one of the HH questions (see Appendix A).
 - d. The uploaded file format must be Excel only.
 - e. NSOs may not change the format or construction of the file.
 - f. Column A of each row contains an indicator that shows "Completed Record" when all required entry fields are populated.
 - g. Only rows that show "Completed Record" in column A will be processed. Resolve any "Incomplete Record" rows prior to submission.
 - h. The template contains an "Instructions" tab which explains details regarding completion of individual columns that are not free text answers.
2. The template file may only be submitted when data is collected and populated for all participants.
 3. Files will be submitted through a secure URL provided to the NSO Registrar. Files may only be uploaded. Nothing will be available for downloading.
 4. You will receive a confirmation email to acknowledge your submission.
 5. File uploads will be processed by the WSJ team. You will be contacted directly to resolve any upload issues.