



LIVE SCOUTING'S ADVENTURE
2017 NATIONAL JAMBOREE | JULY 19-28



A recording of today's webinar along with the slide presentation and a written Q&A will be added to the Webinar section of the website within the next 7 business days.

<http://www.summitbsa.org/events/jamboree/jamboree-webinars/>



AGENDA

- Welcome & Introductions
- Marketing Update
- Jamboree Rafting Allocations & MOPDOS Update
- Annual Health and Medical Record Process for Jamboree
- Q&A
- Things to Remember
- Next Webinar Date: Wednesday, October 19, 2016



MARKETING TOOLS

PROMO KIT AVAILABLE AT:

<http://www.summitbsa.org/events/jamboree/council-toolkit/>

NEW! Jamboree Ready-To-Mail Postcards.
Interested in Postcards?
Send email to john.cervantes@scouting.org



MARKETING TOOLS

FREE National Jamboree Recruitment Fliers!!!

The National Service Center is still offering preprinted and customizable fliers to councils at NO COST! Supplies are limited.

Use this flier for district roundtables, camporees and other council events.

Call Xpressdocs directly at (877) 544-4448 or send an email to amst@xpressdocs.com. Please provide council name and number and contact information. Xpressdocs will contact you shortly thereafter to process your request.



MARKETING TOOLS

Top 10 Things You Can Do Now To Help Fill Your Jamboree Contingent

1. Find everything you need to spread the word – ads, videos, banners, fliers, PowerPoint presentations, and more – at www.summitbsa.org/events/jamboree/council-toolkit/
2. Host roundtable presentations on the national jamboree. Distribute fliers, postcards, and show one of the great [jamboree promotional videos](#). For even more impact, invite a youth member or leader to talk and show pictures from their own jamboree adventure!
3. Conduct special Scoutmaster meetings at roundtable sessions. Use leaders who have attended the national jamboree to talk about the amazing experience to help your recruiting efforts.
4. Place [jamboree banners](#) on your council website and newsletters.
5. Send an email to all scoutmasters and troop committee chairs on jamboree opportunities (for both youth members and staff). Including [links to articles](#) or [jamboree videos](#) are great ways to highlight the national jamboree experience.



MARKETING TOOLS

Top 10 Things You Can Do Now To Help Fill Your Jamboree Contingent

6. Hold jamboree presentations or displays at camporees and at other council and district events.
7. Use [jamboree testimonials](#) from youth and leaders (on video or in articles) in council newsletters or social media.
8. Plan presentations at OA events on jamboree opportunities (for both youth members and staff). Do you have an Arrowman who attended or staffed a jamboree? Invite him or her to talk to their lodge or fellow Scouts!
9. Include opportunities for jamboree promotion and volunteering as part of Wood Badge tickets.
10. Deputize your [commissioner corps](#) to promote and support the jamboree.



Jamboree Rafting Allocations

- Initial Rafting allocations will be sent to councils by Friday September 30th.
- Allocations will be Per Troop (40) and Per Venturing Patrol (10).
- Councils have the month of October to review the allocations.
- Councils can lower their allocation or request additional slots by notifying 2017Jamboree@scouting.org
- During the month of November requests for increases will be reviewed and spots reallocated as best as we can.
- In December councils will be notified of their final allotment and those spots will be added to their council jamboree bill.
- For more information on Jamboree Rafting go to <http://www.summitbsa.org/events/jamboree/jamboree-webinars/> and review the information from the March 16th, 2016 Jamboree Webinar.



Messengers of Peace Day of Service Pre-Jamboree Projects

- We have extended the deadline for groups interested in a pre-Jamboree service project to October 1st.
- If you are interested send the form to 2017Jamboree@Scouting.org
- Or you can request the form from the same e-mail address.
- For more information on the Messengers of Peace Day of Service go to <http://www.summitbsa.org/events/jamboree/jamboree-webinars/> and review the information from the April 20th, 2016 Jamboree Webinar.



AHMR Submission Process 101

2017 National Scout Jamboree



Security?

Personal Information and Health Data?

- **Your information is secure.**
- **All information and data is stored on secure password protected servers.**
- **Each individual has their own randomly assigned unique Username.**



Who's eligible to submit their AHMR?

- **Youth Participants** – must have a registration status of Waitlisted or Council (Level 1) Approved
- **Leaders** – must have a registration status of Waitlisted or Council (Level 1) Approved
- **Staff** – must have a registration status of Staff Position Offered – Accepted



AHMR Access

- Once a registrant of any category is of an acceptable status AND has established their Password, they receive an email with the link to the AHMR and their Username.
- This email will go out within 5 business days of the last piece of criteria being met.



AHMR Access

Save your **Username** and **Password**
in a **SAFE PLACE**



2017 Jamboree AHMR

- **On-line Submission Process.**
- **Mandatory to attend 2017 NSJ.**
- **Current and within 1 year of the Jamboree – Dated July 1, 2016 or after.**



2017 Jamboree AHMR

- **Medical review for approval to participate in the Jamboree at the Summit.**
- **Notified by email of your AHMR status and when you have been approved to participate**



- **By submitting the AHMR online, you grant the BSA the right to collect, store, and use the images of your form as a full and legal substitute for the original paper documents.**
- **It is important that your medical information is accurate and complete.**



AHMR Submission Deadline

- **Submitted on or prior to April 19, 2017**
- **Submitted after April 19, 2017 will be accepted and processed as soon as possible, but ...**



After April 19, 2017

... may result in a significant slow down for the individual and/or their Unit at on-site registration until the individual's AHMR is processed.



How to Submit you AHMR

IMPORTANT!

***PLEASE READ THE INSTRUCTIONS
BEFORE PROCEEDING!***



Be Prepared! Before You Start

1. Download the BSA AHMR.

CLICK [HERE](#) TO DOWNLOAD THE BSA AHMR



2. Begin by completing Parts A & B on the paper AHMR. If you do not know the information requested, you can obtain that information with the help of your healthcare provider and complete it later.



- 3. Take Parts A, B & C to your healthcare provider. Ask your healthcare provider to review the AHMR and make any necessary completions or corrections. Be certain that your healthcare provider completes, signs and dates Part C.**
- 4. Then use the form as the source document to complete the online submission.**



Prepare your Documents

As you complete the On-line AHMR Submission you will be asked to upload a copy of:

- 1. Document #1 (required) - Insurance card (front and back on 1 page)**
- 2. Document #2 (required) - AHMR (Part A, B & C - total 4 pages saved as 1 document)**
- 3. Document #3 (required if exemption claimed) - Immunization Exemption Form (1 page)**
- 4. Document #4 (optional) - Supplemental Medical Information (1-2 pages saved as 1 document)**



Prepare your Documents

Prepare these documents prior to beginning the On-line Submission process.

You should prepare separate PDF files saved to your computer for upload during the on-line submission process:



Prepare your Documents

Please remember –

****When creating the documents for uploading, it is important to have the best quality image possible – It MUST be readable.****



Enter the AHMR On-line Submission process from the AHMR instruction page

Username *

Password *

Continue

[FORGOT PASSWORD?](#)



Browser Problems?

Use Chrome, Firefox or IE 10 or above to access the Jamboree application.

****Google Chrome works the best.**





BSA Annual Health and Medical Record
2017 National Scout Jamboree
On-line Submission

Welcome to the On-line Submission of the Annual Health and Medical Record (AHMR) for the National Scout Jamboree. Submission of the AHMR is an electronic, multi-step process. The health information you submit will be saved on a secure site and will be accessible to healthcare providers during the Jamboree. **By submitting the AHMR online, you grant the BSA the right to collect, store, and use the images of your form as a full and legal substitute for the original paper documents.** It is important that your medical information is accurate and complete. We are committed to providing a fun and safe Jamboree experience for all attendees.

The AHMR is mandatory to attend 2017 NSJ. The AHMR must be current and within 1 year of the Jamboree. An AHMR dated before July 29, 2016 is not acceptable. Your submitted AHMR will undergo a medical review for approval to participate in the Jamboree at the Summit. You will be notified by email of your AHMR status and when you have been approved to participate.

IMPORTANT! PLEASE READ THE INSTRUCTIONS BELOW BEFORE PROCEEDING!
The following steps must be completed **PRIOR** to accessing the electronic AHMR.

CLICK [HERE](#) TO DOWNLOAD THE BSA AHMR

1. Download the BSA AHMR.
2. Begin by completing Parts A & B **on the paper AHMR**. If you do not know the information requested, you can obtain that information with the help of your healthcare provider and complete it later.
3. Take Parts A, B & C to your healthcare provider. Ask your healthcare provider to review the AHMR and make any necessary completions or corrections. Be certain that your healthcare provider completes, signs and dates Part C.
4. Then use the form as the source document to complete the online submission.



As you complete the On-line AHMR Submission you will be asked to upload a copy of your insurance card, Parts A, B, and C of the AHMR, and any supplemental medical information you would like to submit. If you claim Immunization Exemption, a copy of your BSA Immunization Exemption form will also be required. **Prepare these documents prior to beginning the On-line Submission process.** If you need a BSA Immunization Exemption form, you may download it [HERE](#). The AHMR must be completed and have all appropriate signatures. Be certain that Part C is completed, signed and dated by your healthcare provider. The date must be on or after July 1, 2016.

Before beginning the on-line submission, you should have the following separate PDF files saved to your computer for upload during the on-line submission process:

- 1) Document #1 (required) - Insurance card (front and back on 1 page)
- 2) Document #2 (required) - AHMR (Part A, B & C - total 4 pages saved as 1 document)
- 3) Document #3 (required if exemption claimed) - Immunization Exemption Form (1 page)
- 4) Document #4 (optional) - Supplemental Medical Information (1-2 pages saved as 1 document)

All files that you upload must meet the following criteria:

- 1) PDF (jpeg files will not upload)
- 2) File name < 50 characters

A PDF file can be created by:

- 1) scanning your paper document(s) to your computer and saving it as a PDF file;
or
- 2) taking a photo of your paper document(s) with a smartphone or digital camera, saving it to your computer, and converting it to a PDF file;
or
- 3) using a PDF document application on your smart phone taking a picture of your paper document(s) and saving it to your computer.
or
- 4) taking all your completed document(s) to an office supply or business center. Ask them to scan and place the PDF files on a USB drive. Place the USB drive into your computer and copy the files from the USB drive to your computer where you can save them.

When creating the documents for uploading, it is important to have the best quality image possible – **It MUST be readable.**

1. Copy your **insurance card** (front and back of card on 1 page), print your full name and DOB at the top of the page, create an image and save it as a PDF file to your computer.
2. Create an image of any **supplemental medical information** you would like to submit and save it as a PDF file to your computer. **Be certain that each page of the supplemental information contains your name and DOB.**
3. If you claim "Immunization Exemption", complete the BSA Immunization Exemption Form, be certain that it is signed and dated, then create an image of the form and save it as a PDF file to your computer.



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Jamboree AHMRs submitted on or prior to April 19, 2017 will be processed before the Jamboree. Jamboree AHMRs submitted after April 19, 2017 will be accepted and processed as soon as possible, but submission after April 19, 2017 may result in a significant slow down for the individual and/or their Unit at on-site registration until the individual's AHMR is cleared.

IMPORTANT! PLEASE READ THE INSTRUCTIONS BELOW BEFORE PROCEEDING!

The following steps must be completed PRIOR to accessing the electronic AHMR.

CLICK [HERE](#) TO DOWNLOAD THE BSA AHMR

1. Download the BSA AHMR.
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- 1) Document #1 (required) - Insurance card (front and back on 1 page)
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or
- 2) taking a photo of your paper document(s) with a smartphone or digital camera, saving it to your computer, and converting it to a PDF file;
or
- 3) using a PDF document application on your smart phone taking a picture of your paper document(s) and saving it to your computer.
or
- 4) taking all your completed document(s) to an office supply or business center. Ask them to scan and place the PDF files on a USB drive. Place the USB drive into your computer and copy the files from the USB drive to your computer where you can save them.

****When creating the documents for uploading, it is important to have the best quality image possible – *It MUST be readable.* ****

1. Copy your **insurance card** (front and back of card on 1 page), print your full name and DOB at the top of the page, create an image and save it as a PDF file to your computer.
2. Create an image of any **supplemental medical information** you would like to submit and save it as a PDF file to your computer. **Be certain that each page of the supplemental information contains your name and DOB.**
3. If you claim "Immunization Exemption", complete the BSA Immunization Exemption Form, be certain that it is signed and dated, then create an image of the form and save it as a PDF file to your computer.



****When creating the documents for uploading, it is important to have the best quality image possible – *It MUST be readable.*****

1. Copy your **insurance card** (front and back of card on 1 page), print your full name and DOB at the top of the page, create an image and save it as a PDF file to your computer.
2. Create an image of any **supplemental medical information** you would like to submit and save it as a PDF file to your computer. **Be certain that each page of the supplemental information contains your name and DOB.**
3. If you claim "Immunization Exemption", complete the BSA Immunization Exemption Form, be certain that it is signed and dated, then create an image of the form and save it as a PDF file to your computer.
4. Be sure that your AHMR has been completely filled out and that Part C has been completed, signed, and dated by your healthcare provider. Create an image of your completed Parts A, B, and C and save it as a PDF file to your computer.
5. Have your AHMR available for reference as you transfer the data into the electronic AHMR system. Keep a copy of your AHMR for yourself. Make a copy for your Jamboree Contingent Leader, if you are attending as a member of a Council Contingent.

****Your on-line health history and uploaded documents will be used as a full and legal substitute for your original AHMR hard-copy documents.****

After your healthcare provider has completed and signed your AHMR; and after you have the required documents saved to your computer, enter your username and password below.

*****NOTE: Your username is auto assigned by the system and was previously communicated to you.**

Your password is the password of your choice that you established in a separate process.

The only way to access your personal form is by entering that username and password below.***



Thank you for using the Jamboree's electronic AHMR submission process. Should you need additional information or assistance you can obtain it by contacting BSA Member Care at: myscouting@scouting.org or at 1-972-580-2489, option "1". The hours to Member Care are 7:00am-7:00pm Central time.

Username *

Password *

[FORGOT PASSWORD?](#)

[To request help by email, click here.](#)



General Information

* denotes field is required.

These fields are populated from your Jamboree registration. Should any updates be needed, please access your Jamboree registration to make them.

****NOTE: Height-enter 6'2" as 6 in the "Feet" field and 2 in the "Inches" field.****

First name	Sam
Middle name	<input type="text"/>
Last name	Smith
Date of Birth	03/07/2000
Gender	* Male <input type="button" value="v"/>
Height (Feet)	* 5 <input type="text"/>
Height (Inches)	* 8 <input type="text"/>
Weight (lbs)	* 114 <input type="text"/>
Address	test
Address Line 2	<input type="text"/>
City	test
State/Province	AK
Zip Code	55555
Phone Number	* 222-333-4444 <input type="text"/>
Mobile Number	* 222-555-6666 <input type="text"/>
Alternate Phone Number	<input type="text"/>
Email Address	* sam.smith@test.com <input type="text"/>
Council Name	sdf
Council Number	asdf
Home Unit Type *	<input type="button" value="v"/>
Home Unit Number* (If Non Unit Registered Scouter or BSA Employee, put 000 for the Unit Number) *	<input type="text"/>
	45

**Pre-filled
information from
Jamboree
Registration**



**Pre-filled
information from
Jamboree
Registration**

Emergency Contact Name *

Sally Smith

Emergency Contact Relationship *

Mother

Emergency Contact Phone Number *

222-333-4444

Emergency Contact Alternate Phone Number *

222-343-4545

Secondary Emergency Contact Name *

Robert Smith

Secondary Emergency Contact Relationship *

Father

Secondary Emergency Contact Phone Number *

222-989-7676

Do you have medical insurance? *

No Yes

As you proceed through the on-line entry process for your AHMR,
you will find some questions that are not on your paper AHMR.
Please answer those questions to the best of your ability and proceed through the process.

Continue

[To request help by email, click here.](#)



****NOTE:** If Yes is answered to “**DO YOU HAVE MEDICAL INSURANCE**”, follow up questions appear asking for that detail. Going forward in this document, all instances of follow up questions when a specific answer is entered will be indicated by a red box around the initial question and the follow up question.

Health/Accident Insurance Company AND Policy Number *

Upload a PDF file (front and back) of your insurance card. Only readable images are acceptable. All files must meet the following criteria: 1) PDF (jpeg files will not upload) 2) File name < 50 characters *

No file chosen

As you proceed through the on-line entry process for your AHMR, you will find some questions that are not on your paper AHMR. Please answer those questions to the best of your ability and proceed through the process.

[To request help by email, click here.](#)



* denotes field is required.

Personal Health History

Do you currently have or have you ever been treated for any of the following?
(A space will be provided as you complete the AHMR for any conditions not listed below.)

Diabetes *

No Yes

Last Hemoglobin A1c (HbA1c) Percentage

Dropdown List

Hypertension (high blood pressure) If Yes, please explain. *

No Yes

Adult or congenital heart disease/heart attack/chest pain(angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. If Yes, please explain. *

No Yes

Family history of heart disease or any sudden heart-related death of a family member before age 50. If Yes, please explain. *

No Yes

Stroke/TIA. If Yes, please explain. *

No Yes

Asthma *

No Yes

Have you ever been hospitalized, had an emergency room visit, or an acute care facility visit for Asthma? *

No Yes

Date of Asthma Treatment requiring a hospital, emergency room or acute care facility visit. (If you are not sure of the exact date, estimate the date as close as possible.) *

Lung/Respiratory Disease. *

No Yes. If Yes Please Explain.



COPD. If Yes, please explain. *

No Yes

Ear/eyes/nose/sinus problems. If Yes, please explain. *

No Yes

Muscular/skeletal condition/muscle or bone issues. If Yes, please explain. *

No Yes

Head Injury/concussion. If Yes, please explain. *

No Yes

Altitude Sickness. If Yes, please explain. *

No Yes

Psychiatric/psychological or emotional difficulties. If Yes, please explain. *

No Yes

Behavioral/neurological disorders. If Yes, please explain. *

No Yes

Blood Disorders/sickle cell disease. If Yes, please explain. *

No Yes

Fainting spells and dizziness. If Yes, please explain. *

No Yes

Kidney Disease. If Yes, please explain. *

No Yes

Seizures *

No Yes

What is the date of your last seizure? (If you are not sure of the exact date, estimate the date as close as possible.) *

Abdominal/stomach/digestive problems. If Yes, please explain. *

No Yes

Thyroid Disease. If Yes, please explain. *

No Yes

Excessive fatigue. If Yes, please explain. *

No Yes

Obstructive sleep apnea/sleep disorders *

No Yes

Do you use a CPAP? * No Yes

It is NOT advisable to try to do without your CPAP at the Jamboree.
Housing tents at the Jamboree are NOT equipped with electrical power.
A battery powered unit will be required.




Surgeries *

No Yes

Please provide more detail including dates (MM/YYYY) and reason for surgery. *

10/2006 Broken Nose / 4/2010 Appendectomy / 9/2012 Arthroscopic L Knee surgery

Date of MOST RECENT surgery. (If you do not know the exact date, estimate the date as close as possible.) *

09/20/2012 

Hospitalizations, other than surgical. *

No Yes

Please provide more detail including dates (MM/YYYY) and reason for hospitalization. *

2/2009 Pneumonia

Continue

[To request help by email, click here.](#)



* denotes field is required.

Allergies

Do you have severe allergic reactions for which you carry an EpiPen (Epinephrine) or an Epinephrine Auto Injector? (This is an additional question and is not found on the paper AHMR form.) *

No Yes

Medication Allergies *

No Yes

List medications and allergic reaction. *

Penicillin - rash / Codeine - vomiting

Food Allergies *

No Yes

List food and allergic reaction. *

Peanuts - hives

Plant Allergies *

No Yes

Insect bite or sting allergies *

No Yes

Continue

[To request help by email, click here.](#)



* denotes field is required.

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Medications

Are you routinely taking any OVER THE COUNTER medications? *

No Yes

List all OVER THE COUNTER medications including aspirin, vitamins, supplements, etc.

Multivitamin 1 capsule daily

How many PRESCRIPTION medications are you currently taking? *

1

Continue

[To request help by email, click here.](#)

Answering the question “**How many PRESCRIPTION medications are you currently taking**” dictates what the applicant sees on the next screen. For example, notice “1” is entered below.



On the next screen the fields to enter the detail of "1" medication(s) are available. The number of fields available here will correspond with the number entered on the previous screen.



* denotes field is required.

Prescription Medications

Medication 1 Name, Dose, Frequency, and Reason for Taking *

Continue

[To request help by email, click here.](#)



If answer "No" to Immunization Exemption. If "No", select continue and the next screen will ask for detail on the immunizations.



* denotes field is required.

Immunization Exemption

Do you claim Exemption to Immunizations? (separate form required) *

- No
- Yes. You will be required to upload a completed BSA Immunization Exemption form.

Continue

[To request help by email, click here.](#)

If "Yes" to claiming Immunization Exemption, the completed form must be uploaded.



* denotes field is required.

Immunization Exemption

Do you claim Exemption to Immunizations? (separate form required) *

- No
- Yes. You will be required to upload a completed BSA Immunization Exemption form.

If you do not have the BSA Immunization Exemption form, it can be found at www.scouting.org/filestore/pdf/25-02.pdf. Print the exemption form, once completed upload and attach it to your online medical form.

Upload a PDF file of your completed Immunization Exemption form here. *

Choose File No file chosen

Continue

[To request help by email, click here.](#)



Immunizations

The following immunizations are recommended by the BSA.

Tetanus immunization should be received every 10 years. To attend the Jamboree, Tetanus immunization is required (except for those who claim Immunization Exempt) and must have been received after July 29, 2007.

If you have ever had any of the following immunizations, please list the approximate month and year (MM/YYYY) of each immunization.

Tetanus Immunization? *

No Yes

You must provide the most recent year you received a Tetanus immunization. *

Pertussis Immunization? *

No Yes

Diphtheria Immunization? *

No Yes

Measles/Mumps/Rubella (MMR) Immunization? *

No Yes

Polio Immunization? *

No Yes

Chicken Pox Immunization? *

No Yes

Hepatitis A Immunization? *

No Yes

Hepatitis B Immunization? *

No Yes

Meningitis Immunization? *

No Yes

Influenza Immunization? *

No Yes

Have you had other immunizations? *

No Yes

Please list all other Immunizations including date received. (MM/YYYY) *

Continue

To request help by email, click here.

If you answered "Yes" to Immunization Exemption this page is skipped

Tetanus immunization should be received every 10 years. To attend the Jamboree, Tetanus immunization is required (except for those who claim Immunization Exempt) and must have been received after July 29, 2007.

If you have ever had any of the following immunizations, please list the approximate month and year (MM/YYYY) of each immunization.

Tetanus Immunization? *

No Yes

You must provide the most recent year you received a Tetanus immunization. *

- August 2007
- September 2007
- October 2007
- November 2007
- December 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- ✓ 2014
- 2015
- 2016
- 2017

Tetanus Immunization? *

No Yes

You must provide the most recent year you received a Tetanus immunization. *



* denotes field is required.

Illness History

If you have ever had any of the following **illnesses**, please list the approximate month and year (MM/YYYY) of each illness.

Tetanus *

No Yes

Pertussis *

No Yes

Diphtheria *

No Yes

Measles *

No Yes

Mumps *

No Yes

Rubella *

No Yes

Polio *

No Yes

Chicken Pox *

No Yes

Hepatitis A *

No Yes

Hepatitis B *

No Yes

Meningitis *

No Yes

Influenza *

No Yes

Continue



Any additional information the applicant may wish to supply that has not already been supplied can be entered in the Supplemental Medical Information area.



Supplemental Medical Information

* denotes field is required.

Do you have any supplemental medical information, or any other medical conditions not previously covered? (If "YES", provide detail in the text box below (265 character limit) or upload a PDF document containing the information. If uploading a PDF, put "see upload" in the text box below. *

No Yes.

Upload a PDF file of any additional supplemental medical documents here.

No file chosen

[To request help by email, click here.](#)

2 options:

- 250 character text box or
- upload a PDF document



At this point, Part B of the AHMR has been entered. The applicant should review their information entered up to this point. Use the "edit" button beside each section should anything need to be changed.

Verify or Edit Your Information

Please confirm that the Part B information is correct.
NOTE: Review Carefully! The information may not appear below in the same order as it is on your AHMR.
If you wish to print this page for your records, press Ctrl and P on your keyboard at the same time.
 Press the 'EDIT' button to change incorrect information.

Scroll to the bottom and select "Continue" to submit Part B of your AHMR. You will then be asked to complete, review and submit Part C.

Registrant Details

First name: Pepe

Emergency Contact Name	test
Emergency Contact Relationship	test
Emergency Contact Phone Number	5555555555
Emergency Contact Alternate Phone Number	5555555555
Secondary Emergency Contact Name	test
Secondary Emergency Contact Relationship	test
Secondary Emergency Contact Phone Number	5555555555

Additional Information

Medical Insurance?	Yes
Health/Accident Insurance Company AND Policy Number	
Insurance Card Copy	
Diabetes	
Last HbA1c Percentage	
Hypertension	
Adult or congenital heart disease	
Heart Disease	
Stroke/TIA	
Asthma	
Asthma treated in hospital, ER or acute care	
Date of Asthma treatment in hospital, ER, acute care	
Lung/Respiratory disease	
COPD	
Ear/eyes/nose/sinus problems	
Muscular/skeletal condition/muscle or bone issues	
Head Injury/concussion	
Altitude Sickness	
Psychiatric/psychological or emotional difficulties	
Behavioral/neurological disorders	
Blood Disorders/sickle cell disease	
Fainting spells and dizziness	
Kidney Disease	
Seizures	
Date of last seizure	
Abdominal/stomach/digestive problems	
Thyroid Disease	No
Excessive fatigue	No
Obstructive sleep apnea/sleep disorders	Yes
Do you use a CPAP?	No
Hospitalizations	Yes
Hospitalization Detail	test
Have you had any surgeries?	Yes
Surgery Detail	test
Date of MOST RECENT surgery.	05/03/2016
EpiPen	No
Medication Allergies	Yes
Medication Allergy Explanation	TEST
Food Allergies	Yes
Food Allergy Detail	TEST
Plant Allergies	Yes
Plant Allergy Explanation	TEST
Insect bite or sting allergies	Yes
Insect bite or sting allergy detail	TEST
Exemption to Immunizations	No
Tetanus Immunization	Yes
Tetanus Date	September 2007
Tetanus Illness	
Pertussis Immunization	
Pertussis Illness	
Diphtheria Immunization	
Diphtheria Illness	
Measles/Mumps/Rubella (MMR) Immunization	
Measles Illness	
Mumps Illness	
Rubella Illness	
Polio Immunization	
Polio Illness	
Chicken Pox Immunization	
Chicken Pox Illness	
Hepatitis A Immunization	
Hepatitis A Illness	
Hepatitis B Immunization	
Hepatitis B Illness	
Meningitis Immunization	
Meningitis Illness	
Influenza Immunization	
Influenza Illness	
Other Immunization	
Other Immunization Detail	
Supplemental Medical Info	

OTC Medications Yes

Medication Information

Medication 1 Name, Dose, Frequency, and Reason for Taking: test

Medication 2 Name, Dose, Frequency, and Reason for Taking: test

How many PRESCRIPTION medications are you currently taking? 2

[To request help by email, click here.](#)



* denotes field is required.

The next step is to transfer the information from your completed (hard copy) Part C AHMR to the electronic system.

Beginning July 19, 2016 you were provided access to the On-line AHMR Submission system so that you could review the On-line Submission process and complete Part B of the AHMR prior to visiting with your healthcare provider.

Your answers will be saved in the system and you can return by using your username and password.

Do not go further until you have completed Part C with your healthcare provider.

Part C is valid for the Jamboree only if it is completed on or after July 1, 2016.

After that date and you have visited your healthcare provider, return and complete you On-line AHMR Submission.

Part C must be completed, signed, and dated by your healthcare provider.

The date must be on or after July 29, 2016.

Click "CONTINUE to Part C Medical" below.

[CONTINUE to Part C Medical](#)



* denotes field is required.

Enter the data found on your completed Part C form.

Medical Restrictions to Participate *

- Not Answered
- No
- Yes

Medication allergies or reactions. If yes, please list medications and explain reaction. *

- Not Answered
- No
- Yes

Please list medications and explain the reaction.

Penicillin - rash
Codeine - nausea & vomiting

Food allergies or reactions. If yes, please list foods and explain reaction. *

- Not Answered
- No
- Yes

Please list foods and explain the reaction.

Peanuts - hives

Plant allergies or reactions. If yes, please list plants and explain reaction. *

- Not Answered
- No
- Yes

Insect bite/sting allergies or reactions. If yes, please list insects and explain reaction. *

- Not Answered
- No
- Yes



Height (Feet) *

5

Height (Inches) *

8

Weight IN POUNDS *

114

Systolic BP Reading (top number) *

106

Diastolic BP Reading (bottom number) *

68

Pulse *

82

Eyes *

- Normal
- Not Answered or Not Examined
- Abnormal

Please explain Eye abnormality.

Corrective Contacts

Ears/Nose/Throat *

- Normal
- Not Answered or Not Examined
- Abnormal

Lungs *

- Normal
- Not Answered or Not Examined
- Abnormal



Heart *

- Normal
- Not Answered or Not Examined
- Abnormal

Please explain Heart abnormality.

grade I/VI systolic ejection murmur

Abdomen *

- Normal
- Not Answered or Not Examined
- Abnormal

Genitalia/hernia *

- Normal
- Not Answered or Not Examined
- Abnormal

Musculoskeletal *

- Normal
- Not Answered or Not Examined
- Abnormal

Neurological *

- Normal
- Not Answered or Not Examined
- Abnormal

Other

Teeth

- Normal
- Not Answered or Not Examined
- Abnormal (if abnormal, please provide detail)

Braces

Continue

[To request help by email, click here.](#)



* denotes field is required.

Examiner's Certification

Meets Height Weight Requirements *

True False Not Answered

Does not have uncontrolled heart disease, asthma, or hypertension. *

True False Not Answered

Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician. *

True False Not Answered

Has no uncontrolled psychiatric disorders. *

True False Not Answered

Has had no seizures in the last year. *

True False Not Answered

Does not have poorly controlled diabetes. *

True False Not Answered

If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.

True False Not Answered



**Part C must be completed, signed, and dated by your healthcare provider.
The date must be on or after July 1, 2016.**

I confirm Part C has been signed by my Healthcare Provider *

Yes

Date your healthcare provider signed the completed form *

3/15/2017

Providers' Name *

Sally Nurse, NP

Providers' Address

123 Test Street

Providers' City

Testtown

Providers' State

AK

Providers' Zip Code

12345

Providers' Office Phone Number *

222-333-4444

Only readable images are acceptable.

Upload a PDF file of your Completed AHMR (Parts A, B and C) *

No file chosen

[0x7486856814dTEST_AHMR_Parts_ABC.pdf](#)

I am currently:

* 17 years of age or younger 18 years of age or older

[To request help by email, click here.](#)



Part C of the AHMR has been entered at this point. Applicant should review their information carefully. Use the "edit" button beside each section to make any changes.



Verify or Edit Part C of your AHMR

- Confirm that the data below matches the data your physician entered on your Part C.
 - Review carefully! Information is NOT displayed in the sequence as your AHMR!
 - If you wish to print this page for your records, press Ctrl and P on your keyboard at the same time.
- Press the "EDIT" button to change any incorrect information.
- Scroll to the bottom and select "Continue" to submit Part C of your AHMR.

Review CAREFULLY!

Edit

EC Meets Height Weight Requirements True
 EC Heart Disease, Asthma, Hypertension True
 EC Orthopedic Injury, Musculoskeletal problems True
 EC Psychiatric Disorders True
 EC Seizures True
 EC Diabetes True
 EC Scuba True
 Restrictions by Doctor Yes
 C Food Allergies Yes
 C Plant Allergies Yes

C Insect bites/stings
 Completed Part C /
 Currently youth or
 C Medication Allergies
 Eyes Normal vs Abnormal
 Ears/Nose/Throat
 Lungs
 Heart
 Abdomen
 Genitalia/hernia
 Musculoskeletal
 Neurological
 Other abnormal vs
 Other Abnormalities

Part C Height (Feet) 5
 Part C Height (Inches) 3
 Part C Weight 62
 Systolic BP Reading 83
 Diastolic BP Reading 45
 Pulse 56
 Part C Signed by Healthcare Provider Yes
 Date Signed by HCP 7/31/2016
 Providers Name test
 Providers Address test
 Providers City test
 Providers State AR
 Providers Zip Code 55555
 Providers Office Phone Number 5555555555

Continue

[To request help by email, click here.](#)



* denotes field is required.

Please Note:

For handling convenience, data security, privacy protection, and processing speed, the BSA is making the Annual Health and Medical Record "On-line Submission Process" the required process for submitting your medical forms to attend the 2017 National Scout Jamboree (NSJ).

Terms and Conditions

By engaging in this process and attending the 2017 National Scout Jamboree, you and your parent/guardian agree to grant the BSA the right to collect, store, and use your online submission and medical form images as a full and legal substitute for your original hardcopy documents. The BSA will securely store these documents and print them only as necessary to provide for Pepe Lepew's medical care from BSA medical personnel or other third parties as needed.

By making this electronic submission, you and your parent/guardian declare that all the information on this Annual Health and Medical Record (AHMR) has been examined and that it is true and correct to the best of your knowledge.

Parent/Guardian: A certification email will be sent to you confirming that you have checked the box below and agree to the terms stated above. You must confirm this email with a response. Failure to confirm your child's/ward's documents through the certification email will result in failure to process their AHMR.

Medical on line submission acknowledgement *

I agree to the terms and conditions stated above.

Continue

[To request help by email, click here.](#)



 [Printable View](#)

AHMR Submission Confirmation

Thank you. You (or your parent/guardian if under 18 years of age) will receive an email that requires your acknowledgement before the submission of your electronic AHMR for the 2017 Jamboree will be completed. The email will come from jambomed@scouting.org. The email will go to the email address that was supplied when you registered for the Jamboree.

If the email is not received within 24 hours, and after checking your junk/spam folder you still do not find it, please contact the Jamboree Medical support staff at the email address listed above. Tell them you did not receive your **Terms and Conditions Confirmation email**. Confirm the email address and they will be able to re-send the email to the confirmed email address.

Thank you,
Jamboree Medical Support Staff.

[To request help by email, click here.](#)



Youth Terms and Conditions email that the Parent/Guardian will receive. They are required to acknowledge the email via the link contained in the email before the AHMR can be screened.



Dear <{First Name}> <{Last Name}>:

You are receiving this email because you submitted the **Boy Scouts of America – Online Annual Health and Medical Record (AHMR)** to attend the **2017 National Scout Jamboree**. This online AHMR is mandatory to attend the jamboree.

We are writing to confirm your identity and email address. If you are <{First Name}> <{Last Name}> and signed your **Boy Scouts of America – Online Annual Health and Medical Record**, please click the link below to confirm that you:

Agree to grant the BSA the right to collect, store, and use your online AHMR submission and AHMR form images as a full and legal substitute for the original hardcopy documents. The BSA will securely store these documents and print them only as necessary to provide for your medical care from BSA medical personnel or other third parties as needed.

By making this electronic submission, you declare that all the information on this AHMR has been examined and that it is true and correct to the best of your knowledge.

Once you submit confirmation below, the online AHMR will be locked from further changes. Should there be any changes in health or medication, or should you undergo surgery, sustain a significant injury, or develop a new allergy, please contact jambomed@scouting.org to update the online AHMR. A correct AHMR is an important part of health care at the jamboree.

Click [HERE](#) to confirm. (or paste reservations.scouting.org/profile/form/index.cfm?PKformID=0x5551946d8 in to your web browser of choice.)

If this confirmation email is not returned, further access to your AHMR data will be restricted (no further use of the data will be allowed, including medical screening) until confirmation of submission is received.

Should you have any questions or concerns (or are not <adult name>), you may contact: BSA Member Care at 972-580-2489, option "1," Monday through Friday, between the hours of 7 a.m. and 7 p.m. Central time.

Sincerely,

Boy Scouts of America – Annual Health and Medical Record Support Staff



Confirmation received once the acknowledgement is received via the link referenced in the email(s) above.



<{First Name}> <{Last Name}>,

Thank you for completing the on-line AHMR submission for your youth/ward to the 2017 National Jamboree.

After review of the AHMR for completeness, the AHMR will be submitted for medical review. You will be notified by e-mail when your child/ward has been medically approved for participation.

If the medical team has questions about the health information, you will be contacted by phone or by the e-mail address you have provided.

From this point onward, the on-line AHMR has been locked from further changes. Should your child/ward have a change in health, undergo surgery, sustain a significant injury, develop a new allergy or change in medication please contact jambomed@scouting.org, to update the On-Line AHMR. A correct AHMR is an important part of healthcare at the Jamboree.

Thank you,
Jamboree Medical Staff

Date Completed: <{Date Completed}>



Questions

Thank you for your time and attention and most of all for your dedication to the Boy Scouts of America.



Q&A

Please submit your questions by using the “Send a note to presenter” option in the upper right part of the screen.



Things to Remember...

- If you have additional questions please email 2017jamboree@scouting.org.
- Next Webinar: October 19, 2016 (Council Contingent Shakedown Planning)



NEXT WEBINAR

Wednesday, October 19, 2016
4:00p.m. and 8:00p.m.
(eastern time)

