

Name _____

All details within this document will be treated in the strictest confidence

do you have any history of the following?(pre-existing medical conditions should be declared below to ensure that we can look after you appropriately during the expedition and in training. They should also be declared to the travel insurance company to ensure that you are adequately covered. If any of these change between now and the time of the expedition, please make sure you update us and the insurance company. It is for your personal safety that we ask for this information, so please be as thorough as possible. We strongly recommend that you make an appointment to see your doctor to discuss this expedition and make sure there is nothing in your medical history that would suggest you should not take part. You may be asked to provide a doctor's note to confirm any of the medical information below.)

Asthma or wheezing (with breathing or exercise)? _____ Severe attacks of hay fever / allergy _____

Any form of lung disease? _____ Cancer? _____

Chest surgery? _____ Claustrophobia or agoraphobia? _____

Behavioural health problems? _____ Epilepsy, Seizures or convulsions? _____

Recurring migraine headaches? _____ Blackouts or fainting? _____

Motion sickness? _____ Recurrent back problems / surgery? _____

Diabetes? _____ Arm or leg problems? _____

High blood pressure? _____ Any heart disease / heart attacks? _____

Bleeding or other blood disorders? _____ Any type of hernia? _____

Ulcers or ulcer surgery? _____ Bowel disorder? _____

Are you pregnant? _____ Are you registered disabled? _____

Drug or alcohol abuse? _____ Do you suffer from Phobias (flying, etc)? _____

Have you been in hospital in the last year? (please specify) _____

Are you awaiting tests / investigations / results / surgery? _____

Do you regularly take prescription medication? (please specify which and dosage?) _____

Are there any other medical issues not covered above which are relevant to your well being on your expedition?

vaccinations all UK vaccinations are required to be up to date prior to going on the expedition – details of further vaccinations (if required) will be shown on your expedition brochure.

medical insurance you will be responsible for your own medical insurance however, we will give you guidance to suitable companies if required. You will need to bring your insurance documents on the expedition with you.

other
Dietary requirements / Allergies to medication or food _____

declaration

I understand that the expedition and training will involve strenuous activity and that I need an adequate level of fitness in order to participate before the departure of the expedition, if I have any concerns whatsoever about my physical fitness or health, or any of the medical conditions above that might affect my safe participation, I will consult the opinion of my doctor. I hereby certify that the information provided by me on this form is to the best of my knowledge true and correct. I understand that if any of the information provided by me on this form is found to be false, I risk losing my place on the trek.

Signed: _____

Date: _____