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Medical Form

Please complete and sign this form, then scan or photograph it and return it by email.
Alternatively complete it online at <http://trekmountains.com/pre-trek/medical-form/>

- Most of our trips demand a fairly high degree of physical fitness and health. Some trips are in extreme and inhospitable terrain where accessing medical help could take many hours. Please fill in this form carefully, detailing your medical history. We will treat all information in the strictest confidence. On a guided trip we will send it to the trek leader and / or doctor / medic who are responsible for your safety and welfare during your trip with us. Once your trip is complete and you have returned to your destination and there is no further need for the information on this form, it will then be destroyed.
- If you have a history of any of the following medical conditions, please give details such as frequency, severity and aggravating factors where necessary. If you have had an operation within the last year, whether minor or not we need to know the details of the operation and the outcomes and possible long-term problems, particularly ones that may occur or be accentuated if strenuous and physically demanding exercise is taken.
- It is the responsibility of each trip participant to ensure that he/she is adequately insured for the trek, including activities undertaken, and the altitude. See our separate insurance form for details.

Title:	First / given names:	Surname:	
(as shown on your passport)		(PLEASE PRINT CLEARLY IN CAPITALS)	
Trip Title:			
Dates of Trip:		Height:	
Date of Birth:		Weight:	
Nationality: (as shown on passport)		Gender: (as shown on passport)	
Passport number:		Passport date of issue:	
Passport place of issue:		Passport date of expiry:	
Condition	Yes/No	Details (please add additional pages if required)	
Dietary requirements			
Allergies (medicine, food or other)			
High blood pressure			
Heart / circulatory / bleeding disorders			
Chest / lung disease			
Asthma / hay fever			
Epilepsy / Parkinson's / diabetes			
Cancer / stroke			
Digestive / bowel disorders			
Joint / knee / hip/ ankle / back injuries			
Surgical operations			
Mental / emotional problems			
Vertigo, fear of heights or of exposure			
Any history of problems at altitude			
Pregnancy (at the time of the trek)			
Any current medical conditions			

- I understand that I will be undertaking a challenge which requires a good level of fitness and I believe that I am fit enough to complete the challenge and take responsibility for myself under these conditions.
- I declare that the above information is a true and fair representation of my current state of health. Should my circumstances change, I will inform trekMountains at the earliest opportunity
- I understand that if I have a pre-existing medical condition which could impact my ability to do the trip, I will also send trekMountains a printed version of this form, with my doctor's signature below to confirm that he / she considers I am fit enough to undertake this trip.

Signature..... **Date**.....

If you have a pre-existing medical condition which could impact your ability to do this trip, please now print off this form, and ensure that both you and your GP have signed it to confirm that you are fit enough to undertake the trip. Then scan or photograph the form and return it to us by email.

Signature of Doctor..... **Date**.....