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web: www.trekmountains.com
address: trekMountains, 27 Meaford Avenue, Stone, Staffordshire ST15 8LT, UK

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/

- trekMountains operate in often extreme and inhospitable terrain and most of our treks demand a fairly high degree of physical fitness and health. Please fill in this form carefully, detailing your medical history. We will treat all information in the strictest confidence and send it to the trek leader and /or doctor / medic who are responsible for your safety and welfare during your trek with us. Once your trek is complete and you have returned to your destination and safety 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 trekker 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)**	

Trek Title:			
Dates of Trek:		**Height:**	
Date of Birth:		**Weight:**	
Passport number:		**Passport date of issue:**	
Passport place of issue:		**Passport date of expiry:**	

Condition	**Yes/No**	**Details (please add additional pages if required)**
High blood pressure		
Heart / circulatory disorders		
Chest / lung disease		
Asthma / hay fever		
Epilepsy / 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		
Allergies (medicine, food or other)		
Dietary requirements		

We recommend an ECG for participants over the age of 55 at your doctor's discretion, and compulsory for participants over 60.

- 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 am 60 or over, or have a pre-existing medical condition, I will also send trekMountains a printed version of this form, with my GP's signature below to confirm that I am fit enough to undertake the trek.

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

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

If you are 60 or over, or have a pre-existing medical condition, please now print off this form, and ensure that both you and your GP have signed it to confirm that you am fit enough to undertake the trek. Then scan or photograph the form and return it to us by email.