

Everest Base Camp 2013 Medical Questionnaire

It is for your own safety that we find out as much as possible about your medical history to ensure that you can cope with the rigours of the challenge. Your answers will be treated in the strictest confidence and will not necessarily adversely affect your chance to take part. Any decisions will be made in consultation with you. The information you supply will only be disclosed to Discover Adventure Ltd, Macmillan Cancer Support and medical staff employed by the tour operator for the event. It is one of the conditions of your registration that you give full and accurate details.

You must arrange to have this form countersigned by your GP before sending it to Discover Adventure. *Please note it is only valid for 12 months so don't return it too soon.* It is your responsibility to pay your GP any fee that they may charge for this service. Please complete in block capitals, get it signed by your GP and **return to Discover Adventure no later than 2 May 2013.** Their address is: **Discover Adventure Ltd, Throope Down House, Blandford Road, Coombe Bissett, Salisbury, Wiltshire, SP5 4LN (Tel: 01722 718444).**

Please complete and return this form to Discover Adventure. **(In confidence when complete)**

1. Personal Details

Full Name:	Departure Date: 2 – 20 November 2013
Challenge Name: Everest Base Camp Trek 19 day	Charity you are supporting: Macmillan Cancer Support
Date of Birth:	Age when on challenge:
Height:	Weight:
If your BMI is considerably higher than 25 our doctor may contact you to discuss training and possible difficulties you will face on the challenge.	
Daytime Tel No. (work/mobile):	

2. Medical History

a. Do you suffer, or have you ever suffered from:

(please circle)

Heart trouble and/or blood pressure problems?	YES / NO
Asthma, Bronchitis and /or shortness of breath?	YES / NO
Diabetes?	YES / NO
Epilepsy and/or fainting attacks?	YES / NO
Migraine?	YES / NO
Severe Head Injury?	YES / NO
Cancer?	YES / NO
Back Problems?	YES / NO
Allergies?	YES / NO
Fractures, Tendon, Ligament/Cartilage damage?	YES / NO
Physical or other disability?	YES / NO
Psychiatric or mental illness?	YES / NO
Have you been hospitalised within the last 2 years?	YES / NO
Are you suffering from or a carrier of any infectious diseases?	YES / NO
Are you registered as disabled?	YES / NO
Any other serious illness?	YES / NO

b. If you have answered yes to any questions above, please give further details below or on a separate sheet:

c. Do you regularly and/or currently use any form of medication? Please give details below:

3. Have you ever suffered from asthma? If so,

a) When was the last time you needed hospital treatment?	
b) When was the last time you needed steroid tablets?	
c) What medication/inhalers do you use?	

4. Dietary Requirements Do you have any special dietary requirements / food allergies?

Vegetarian:	Nut Allergy:	Gluten Free:	Other: (please give details)
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IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING

- In the event of an accident or illness whilst on the trip, I hereby give permission for Discover Adventure to initiate medical treatment and to inform my next of kin/emergency contact (as detailed on my application form) if appropriate.
- To the best of my knowledge I confirm that my mental and physical health and fitness is good and that the information I have provided in this questionnaire is a true and accurate description of my medical history and current condition. I understand that by giving false information I endanger both my own safety and that of others on the trip. I agree to take with me sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur.
- I agree that Discover Adventure Ltd. or medical staff employed by them may approach my GP to verify the information on this form and attain some further details as they think necessary and that my GP may release such information to them.
- I understand that neither Discover Adventure Ltd. nor Macmillan Cancer Support can accept any liability or expenses resulting from any illness, injury or other untoward occurrence arising from any undisclosed medical condition (other than to the extent that death or personal injury arises as a result of its negligence). I also understand that failure to disclose a pre-existing medical condition could invalidate my travel insurance and that I am responsible for declaring any pre-existing medical conditions directly to the insurance company prior to departure.
- I confirm that I will immediately inform Discover Adventure Ltd. of any change to the information I have provided on this medical questionnaire.

SIGNED: **DATE:**

MEDICAL FORM TO BE COMPLETED BY THE FAMILY DOCTOR/PHYSICIAN WHO HAS ACCESS TO THE PATIENT'S MEDICAL HISTORY.

The person named overleaf will be participating in a charity fundraising challenge of up to 19 days' duration, during which time he/she may be subject to basic camping and living conditions.

Between 6-12 hours per day will be spent in physical activity over rough and mixed terrain; the challenge is likely to involve extremes of temperatures and climate. A great deal of the challenge takes place at altitudes over 3000m.

The challenge may involve basic facilities such as long drop toilets and primitive washing facilities. Food may be cooked in basic conditions. Discover Adventure Ltd will provide experienced personnel to lead the event who are first-aid trained and will ensure high hygiene standards are taught and maintained; this often includes a doctor but is not guaranteed. The event may be a considerable distance from any hospital back up.

With the above information, if there is any matter which you feel that Discover Adventure Ltd should be aware, please supply details on a separate sheet. If you require any further details please call Discover Adventure Ltd on 01722 718444.

I have read the above paragraph and agree that the participant's medical details are correct. In my opinion this patient is currently fit and healthy both mentally and physically and able to participate in the event.

Doctor's Signature: _____ Date: _____

Doctor's Name (Block Capitals Please) _____

Address: _____

DOCTORS STAMP & GMC NUMBER HERE