expeditions 365

CONFIDENTIAL

Medical Information Form

We ask for the following information so that our staff will know in advance of special medical conditions you may have in the event of injury or illness.

We also require this information for the purchase of travel insurance for your expedition and a failure to declare any conditions could result in a claim not being covered.

The information on this form will be kept confidential and is only for use by our staff.

FAMILY or SURNAME:..GIVEN NAMES:.................................

COURSE NAME:...

Your Height (cm):...   Weight (kg):.................................

Date of Birth(Day/Month/Year): ....   Age:.................................

Sex (M/F): ....

Past Medical Conditions

Have you had any significant medical, surgical or mental health conditions? NO YES

If **yes,** please give details

Present Medical Conditions

Do you have any physical or mental health conditions requiring treatment ormedical supervision? NO YES

If **yes,** please give details

Have you undergone any surgical procedure in the last year? NO YES

If **yes,** please give details

Expeditions 365
Haugastolvegen 200, Haugastol, 3595, Norway
Tel: 0047 95270466
Mai:l enquiries@expedition365.com **Web:** www.expeditions365.com

Medication

Are you taking any drugs or other medication, including anti-coagulants, or receiving chemotherapy NO YES

Drug

Dose

Reason

Allergies

Do you have you any allergies? NO YES

If **yes,** please give details
What are you allergic to?
Mild/Moderate/Severe

Do you have, or have you ever had:

Angina (cardiac)	NO	YES
Myocardial Infarct (heart attack)	NO	YES
High Blood Pressure	NO	YES
Other Heart disease	NO	YES
Cardiovascular accident (stroke)	NO	YES
Transient ischaemic attack	NO	YES
Peripheral vascular disease	NO	YES
Asthma	NO	YES
Epilepsy	NO	YES
Thyroid disease	NO	YES
Bleeding disorders	NO	YES
Depression	NO	YES
Other mental health condition	NO	YES
Cancer	NO	YES
Altitude illness	NO	YES
Back problems	NO	YES

If YES to any of the above, please give full details (continue on extra pages if necessary)

Disabilities

Do you have any physical limitations or disabilities NO YES

Do you use any artificial aids, e.g. wheelchair, stick, prosthetic NO YES

If YES to any of the above, please give full details (continue on extra pages if necessary)

Have you ever had frostbite or other cold injury? NO YES

If YES to any of the above, please give full details

If you have any medical issues that may affect your fitness to participate you are advised to seek advice from your own physician.

Details of your personal Physician

Name: ....

Street Address .... City: ....

Country: .... Post Code: ....

Phone: + ... (Please give country code)

Fax: + ...

Email: ....

Please sign below. Your signature confirms—

1.That you have read your course guidelines and are fit to undertake your chosen expedition;

2. That you have provided accurate and complete information;

3. Your consent for Expeditions 365 to seek further medical information from your personal Physician;

4. That you will inform expeditions 365 of any change in your medical details prior to the start of your course;

5. The right of Expeditions 365 to adapt or curtail your program due to medical circumstances.

SIGNED:

....

DATE:

....

Parent or Guardian must also sign this form if participant is under age of majority. (18 years in most countries).

SIGNED:

....

DATE:

....

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