

Medical Form

***Name of Trek/Expedition:** _____ **Date of Trek:** _____

***Name:** _____ **Age:** _____

(*Fill up in BLOCK letters)

(To be completed by participant)

Our treks take/expedition place in some remote and less-developed regions, without means of rapid evacuation, or medical supplies and facilities. In the event of an accident, illness or injury an evacuation will be slow and uncertain as these trips take place in mountainous, high altitude, or other hazardous terrain. Common and uncommon signs and symptoms of altitude sickness should be expected. These include, but are not limited to: sleeplessness, coughing, loss of appetite, nausea, vomiting, and muscle cramps. Severe cases of altitude sickness can include pulmonary and/or cerebral oedema. In addition, exposure to microorganisms unknown to our digestive system may cause symptoms from a wide array of gastrointestinal disorders despite the best efforts to treat drinking water and prepare food properly. A poor state of health can greatly increase the dangers and risks that can be incurred on these trips. Therefore, Terranova Adventure requires that all climbers and/or trekkers are examined by a physician, are properly immunized for the destination(s), and provide the Part II information.

Date -

Place -

Signature

Disclaimer and Declaration

The..... Trek/Expedition route in the Himalayas has its share of risks and dangers, especially in respect to the terrain, weather, high altitude and desolate nature.

Accidents on this trek can cause one to get injured, fall ill, and death too cannot be ruled out.

I hereby declare that my participation in this trek is completely voluntary, and I am fully aware of the risks involved. I will not hold Terranova Adventure wholly or partly responsible in case of any accident, illness, injury or death on the trek.

Place:

Name of the participant

Date:

Signature of the participant

MEDICAL FORM

(This form contains two pages to be printed on both sides of a single sheet & sent to us. Medical examination is valid for six months only.)

TO BE FILLED BY THE PARTICIPANT

General

1. Name _____

2. Age _____ yrs 3. Sex _____ (M/F)

4. Height _____ cms 5. Weight _____ kg 6. Blood group _____

6. Identification Mark: (a) _____ (b) _____

8. Family History.
- | | |
|-----------------------|-------------|
| (a) Hypertension | _____ (Y/N) |
| (b) Heart Disease | _____ (Y/N) |
| (c) Bleeding Disorder | _____ (Y/N) |
| (d) Mental Disease | _____ (Y/N) |

9. Personal History:- _____

Have you suffered from any of the following diseases? (Answer in Y/N in bracket)

- | | | | |
|----------------------------------|-----|---------------------------|-----|
| a) Chronic Bronchitis/Asthma | () | b) Pleurisy /TB | () |
| c) Rheumatism/frequent throat | () | d) Kidney/Bladder Trouble | () |
| e) Sexually Transmitted diseases | () | f) Jaundice | () |
| g) Mountain Disease | () | h) Any Eye Disease | () |
| i) Surgery | () | j) Any Ear Disease | () |
| k) Freq. Cough/Cold/Sinusitis | () | l) Fits/Faint Attack | () |
| m) Sever Heart Injury | () | n) Breast Disease | () |
| o) Amenorrhea | () | p) Pregnancy | () |
| q) Menorrhagia | () | r) Abortion | () |

10. Have you ever been admitted in hospital for any illness, operation or injury? If so, state the nature of the disease and duration of stay in hospital.

11. Any additional significant information about the health status.

12. Have you ever been to a mountain before If yes specify the height and any problem faced.

Declaration:

I hereby declare that I have answered all the questions about my family and personal health as fully as possible and that the information given is true to the best of my knowledge and belief.

Signature of Medical Officer _____

Signature of the Participant _____

Date:

Date:

