

Mardi Himal Leadership Trek
CONFIDENTIAL MEDICAL FORM

SECTION I – GENERAL INFORMATION: Please complete all fields

Name _____ Age _____ Date of Birth: _____
Emergency Contact _____ Relationship _____
Phone: _____

SECTION II – MEDICAL INFORMATION: Please complete all fields

1. Yes No -During the last 5 years, have you suffered any significant illness, been hospitalized or required regular care by a doctor?

If YES, please indicate reason: _____

2. Have you ever had any of the following (circle Yes or No):

Yes No Tuberculosis, chronic bronchitis, emphysema or any other lung problems?

Yes No Asthma that affects your everyday activities and/or I use medication or an inhaler regularly

Yes No High blood pressure, heart or respiratory problems, or rheumatic fever?

Yes No Gout or arthritis or any back, leg or foot problems?

Yes No Gastric or duodenal ulcer, colitis or intestinal trouble?

Yes No Epilepsy or fits of any kind?

Yes No Kidney or bladder disease?

Yes No Diabetes, cancer or tumor of any kind?

If you answered YES to any of the above, please have your medical provider fill out Section III

3. Yes No - Do you have any physical limitations, handicaps or prosthesis? Do you have difficulty walking or use a device for mobility assistance such as crutches, cane or wheelchair?

If YES, please specify: _____

4. Yes No -Do you take medication or drugs related to a pre-existing medical condition?

5. Yes No Do you have any allergies, or reactions to any medication or drugs?

If YES, please specify: _____

6. Yes No -Are you pregnant?

If YES, how many weeks pregnant will you be at the time of travel? _____

7. Yes No -Are you affected by any other pre-existing medical conditions not listed above?

If YES, please specify: _____

We travel to remote areas where limited, or no medical facilities exist. These trips are intended for travelers in good health without medical conditions that may require urgent medical attention of this level.

SECTION III – MEDICAL PRACTITIONER FORM: To be completed by a licensed physician

Confidential Medical Form

Both yourself and your physician must sign this document ***if you answered YES*** to Health History questions in #2 of Section II.

Please advise your physician of the trip details, physical demands, location of the expedition, and availability of medical facilities.

We travel to remote areas where limited, or no medical facilities exist. These trips are intended for travelers in reasonably good health without medical conditions that may require urgent medical attention of this level.

Persons who are not fit for long trips or trips to remote areas for any reason, including mobility issues, heart or other health conditions are advised not to join the expedition, which would entail an unreasonable risk to your health.

Physician's Name _____

Phone Number: _____

Email: _____

Office Address: _____

Please list any current medical conditions, infirmities, disabilities or physical limitations:

Please list all medication currently taken. If more room is required, please attach a separate list. Include Trade name or Generic name, Dose/Strength, Frequency, Purpose

If this patient has been hospitalized, or had surgery, at any time during the last 5 years, please tell us when and why:

We have read the trip details and are familiar with both the physical demands, and the remote location(s) of this trip, and the fact this expedition may travel far from any medical facilities. We are also aware that this trip may not be suitable for persons with mobility issues. With this knowledge, we have considered the suitability of this trip, and to the best of our knowledge we believe this person to be physically and psychologically fit to undertake this trip.

We further declare the answers provided above to be accurate and complete.

Physician signature: _____ **Date:** _____

Patient signature: _____ **Date:** _____