



PRE-EXPEDITION MEDICAL QUESTIONNAIRE/MEDICAL CONSENT FORM

Please complete and submit this form by Friday 16th January 2015.

Please give information as fully as possible. The information is for the expedition medical team which is responsible for the health and safety of participants during the expedition and will be treated in a strictly confidential manner.

PARTICIPANT DETAILS

Full name: Date of Birth:
Sex: male/female Weight (kg)..... Height (m):
Address: Postcode:
Tel contact: Day Eve.....
E-mail address(es):

EMERGENCY CONTACTS

Next of Kin: Relationship:
Date of Birth:
Address: Postcode.....
Tel Contact: Day Eve.....

MEDICAL INFORMATION

1. Do you or have you ever had any of the following (please tick)? If so, please give details below.

- Asthma/bronchitis/COPD/bronchiectasis (shortness of breath)
- Angina/MI (heart attack)
- Hypertension (high blood pressure)
- DVT/PE (blood clot in the legs/lungs)
- Diabetes
- Epilepsy

- Collapse/fainting attacks
- Migraines/headaches
- Head injury
- Musculoskeletal problems e.g. back pain/sports injuries/fractures
- Gastrointestinal problems e.g. Crohn's disease/Ulcerative Colitis
- Genitourinary problems e.g. renal calculi (kidney stones)
- Heat related illness
- Cold injury
- Psychological illness (e.g. depression/eating disorder/deliberate self harm)

Details:

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If you have or have ever had asthma, please answer the following questions.

- **Which inhalers do you take?**

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- **How often do you use them?**

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- **Have you ever required steroid treatment? If so, when?**

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- **Have you ever required hospital admission? If so, when?**

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- **What do you do if your asthma gets worse?**

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Have you ever been seen by a psychiatrist, psychologist, counsellor or guidance service? If so, please provide details.

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2. Do you have any other medical conditions not listed above? If so, please give details.

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3. Have you attended hospital for any investigations/treatment in the last five years? If so, please give details.

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4. Do you, have you ever had or are you a carrier of any infectious diseases? If so, please give details.

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5. Have you ever had any operations? If so, please give details.

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6. Do you have any allergies? Please include allergies to medications, food, bites, stings etc. If so, please give details and indicate the extent of any reaction suffered.

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7. Do you take or carry any regular medication? If so, please list.

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8. Please give details of any disabilities or special needs.

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9. Females, are you using the oral contraceptive pill/contraceptive patch/injection/implant/intra-uterine system? If so, specify which and give details.

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10. Females, is there any chance you could be pregnant?

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11. Do you have any previous altitude experience? If so, please state the highest altitude attained and any adverse effects experienced.

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12. Do you have any special dietary requirements? If so, what?

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Mountaineering and trekking in mountain environments are hazardous activities. Threats include uncontrollable falls, slides, rock and ice fall, avalanche, altitude, extremes of heat and cold, animal bites and stings and serious illnesses and diseases. Threats such as these are further compounded when the expedition is remote in nature. These inherent risks cannot be eliminated without destroying the unique character of the activity. Amongst other things, some of these risks can contribute to:

- a) The loss or damage of your personal clothing or equipment.*
- b) Feelings of discomfort, fear and apprehension.*
- c) Accidental injury, illness, or trauma which in extreme, but thankfully very rare cases can be fatal.*

If you become injured or ill you must accept that the medical care available to you may be less than the standard normally expected within a modern acute NHS unit within the UK.

Every member of the group will be actively involved in the ongoing risk assessment process throughout the expedition. As a member of the group you have a duty of care to every other member of the group. In addition to taking responsibility for your own health and safety, you should be able to recognise the effects of illness and injury in others around you and bring this to the attention of your trekking team Medical Officer. The expedition Medical Officers will draw upon their knowledge, skills and experience in order to act in the very best interests of anyone requiring medical attention.

CONSENT

The information that I have provided above is true to the best of my knowledge at this current time and I will update my trekking team Medical Officer if there are any alterations prior to departure. I hereby give the expedition doctors permission to initiate any emergency medical treatment and to release any confidential medical information when and as necessary in order for me to obtain necessary medical treatment.

Depending on your answers in the questionnaire above your trekking team Medical Officer may need to contact you and possibly your General Practitioner (GP) or Specialist before the expedition in order to get a more detailed medical history.

I hereby give consent for my GP/doctor, to release my medical information to my trekking team Medical Officer should s/he request it.

Full name:

Signature: Date:

PLEASE REQUEST THAT YOUR GP/DOCTOR RECORDS THAT YOU HAVE GIVEN YOUR CONSENT TO SHARE YOUR MEDICAL INFORMATION WITH YOUR TREKKING TEAM MEDICAL OFFICER.
