

Pre-trip Medical Questionnaire

Collecting medical information from you enables us to prepare a suitable medical kit and guides medical decisions in the field. The information you provide will be kept confidentially by us; please complete it fully and honestly. Read through the form before you start completing it. Ask questions if you don't understand anything. Be aware that failure to disclose a medical condition can invalidate insurance and prevent evacuation and repatriation.

Name:		Date:
Address:		
Age:	Date of Birth:	
Passport details:	Full Passport Name: Nationality: Passport No: Place of Issue: Date of Issue: Date of Expiry (make sure it has more than 6 months before it expires)	
Next of kin details:	Name: Relationship to you: Tel: Email:	
GP Details:	Name: Address: Telephone:	
Occupation:		
First Aid Trained (circle one):	None/Basic/Advanced/Qualified Medic If Medic, give details:	

T +44 (0)20 7042 9290

34 Park Street
London W1K 2JD
United Kingdom

www.peak-dynamics.net

Do you have any medical concerns that you would like to raise with us (in confidence) prior to the trip?

Yes No

If 'Yes', you can either write your concerns below or leave it blank and we will contact you. Please feel free to approach us at any time independent of your response here with updated information or concerns.

Have you ever had lung/respiratory problems (e.g. asthma, COPD, pneumonia, TB, pulmonary embolism (PE), lung surgery, pneumothorax)?

Yes No

If 'Yes' please provide details here:

Have you ever had heart/cardiac/blood vessel problems (e.g. high blood pressure, angina, heart attack, deep vein thrombosis (DVT), heart surgery)?

Yes No

If 'Yes', please provide details here:

Have you ever had abdominal/bowel problems (e.g. hernias, stomach ulcers, reflux, inflammatory bowel disease, abdominal surgery, constipation, diarrhoea)?

Yes No

If 'Yes', please provide details here:

Have you ever had brain/nerve problems (e.g. epilepsy, seizure, severe headaches, migraines, sciatica, carpal tunnel syndrome, reduced sensation, brain surgery)?

Yes No

If 'Yes', please provide details here:

Have you ever had kidney/urinary/liver problems (e.g. recurrent cystitis, renal failure, liver failure, jaundice, hepatitis, pyelonephritis)?

Yes No

If 'Yes', please provide details here:

Have you ever had hormone/endocrine problems (e.g. diabetes, thyroid problems)?

Yes No

If 'Yes', please provide details here:

Have you ever had psychiatric/psychological problems (e.g. depression, schizophrenia, bipolar disorder, psychosis, overdose, self-harm, eating disorder)?

Yes No

If 'Yes', please provide details here:

Have you ever had cold related problems (e.g. frostbite, Raynaud's syndrome/very cold hands and feet, cold-induced asthma, chilblains, immersion/trench foot, hypothermia)?

Yes No

If 'Yes', please provide details here:

Have you ever had heat related problems (e.g. heat exhaustion, heat stroke, sun stroke)?

Yes No

If 'Yes', please provide details here:

Are you currently seeking specialist advice or treatment for any medical conditions?

Yes No

If 'Yes', please provide details:

Have you ever suffered from a medical condition that you have not mentioned above requiring admission to hospital, long-term treatment or surgery?

Yes No

If 'Yes', please provide details here:

Have you had a dental check-up in the last year?

Yes No

Do you have any ongoing dental problems?

Yes No

If 'Yes', please provide details here:

What is your blood group (if known)?

Group:

Have you ever had a blood transfusion?

Yes No

If 'Yes', please provide details here:

Do you have any form of physical or mental impairment or disability not mentioned above?

Yes No

If 'Yes', please provide details here:

Are you currently taking any medications regularly (please including oral contraceptive, over-the-counter medications, inhalers, creams and herbal remedies*)?

Yes No

If 'Yes', please provide details here:

*Always travel with an extra course of these medications to replace lost or damaged supplies.

Have you ever had an allergic reaction to any medication?

Yes No

If 'Yes', please provide details here:

Have you ever had an allergic reaction to foods or environmental triggers (e.g. cats)?

Yes No

If 'Yes', please provide details here:

<p>Do you have any special dietary needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please provide details here:</p>	
<p>Do you wear contact lenses? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Have you had laser eye surgery? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type?</p>
<p>Are you pregnant or might be at time of travel? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Are you a smoker? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Rate your physical condition? Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/></p>	
<p>Do you have any injuries or old injuries we should know about? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please provide details here:</p>	

Declaration

- I agree that the above information is true and accurate to the best of my knowledge.
- As far as I am aware I am medically fit to partake in a Peak Dynamics Adventure which will be both physically and mentally demanding and potentially may include exposure to extremes of heat, cold and altitude depending on which trip you have chosen.
- I understand that I am responsible for providing all my normal medications and supplies for the treatment of my pre-existing medical conditions for the duration of the trip.
- I understand that my medical information will be kept confidential and every effort will be made to consult me beforehand should any disclosures be deemed necessary.
- I agree that should I become incapable of giving consent for disclosure of essential medical information in the event of an emergency, information may be imparted at the discretion of the team leader/medical team acting in my best interests.
- On return from the trip, I consent to my GP being contacted with details of any serious illness or accident arising during the trip.
- I agree to discuss/disclose to the Peak Dynamics any injury or illness occurring between this date and the date of departure.
- I have made a copy of this completed form for my personal records.

Signed: _____ Date: _____

Name: _____