

AUSTRALIAN KOKODA TOURS



COURAGE • ENDURANCE • MATESHIP • SACRIFICE

MEDICAL CLEARANCE FORM

There is no medical test that can guarantee your safety while on the Kokoda Track. However, we believe there are steps you can take to minimise the risk.

All trekkers should be examined by their local doctor and have an electrocardiograph (ECG) performed. Most doctors can perform this test & some may also be able to bulk bill.

We recommend that all trekkers over the age of 50 have an exercise stress echocardiogram prior to commencement of training. Those with risk factors such as obesity, smoking, diabetes, high blood pressure, high cholesterol or strong family history of cardiac disease should have an exercise stress echocardiogram if over the age of 30.

Trekkers with known cardiac disease should see their cardiologist and have a stress echocardiogram or myocardial perfusion study prior to commencement of training.

MEDICAL EXAMINER

Our client is preparing to trek across the Kokoda track in Papua New Guinea. The Kokoda track is located in the remote jungle of PNG, which is a tropical region with a hot and humid climate. Much of the terrain is inaccessible by medivac helicopter and a distance from the nearest medical service in Port Moresby. The trek can be strenuous and physically demanding on most days.

We require our clients to be in reasonable physical condition and clear of any medical conditions that may prevent them from completing a trek across the Kokoda track. We also need to ensure that our trek master is fully aware of any potential health issues.

This is to certify that..... is **FIT** / **UNFIT** to trek the Kokoda Track, New Guinea on ____/____/____. The track requires a moderate to high level of fitness to complete the walk.

This assessment is based on my medical examination, which included examination in the following areas:

Client Name: _____

Weight: _____ Height: _____ Sex: _____

Australian Kokoda Tours
PO Box 778,
Torquay Victoria 3228

Website: www.australiankokodatours.com.au Email: admin@australiankokodatours.com.au

Please list any medical condition:

CONDITION	TREATMENT

Please list all medications client is taking:

MEDICATION	DOSEAGE

Please list any allergies:

Please list

1. ECG _____
2. Cardiovascular System _____
 - Blood Pressure _____
 - Pulse _____
 - Heart Sounds _____
3. Respiratory System _____
4. Nervous System _____
 - Co-ordination _____
 - Balance _____
 - Reflexes _____

Comments:

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I have examined _____ for the reason of trekking the Kokoda trail

To my knowledge this person IS capable of completing this activity

To my knowledge this person IS NOT capable of completing this activity

Signed: _____

Date: _____

**Name of Medical Practitioner *(Please Print)*
or Registered Nurse.**

Please provide a stamp to identify the Medical Centre:.....

To be completed by trekker:

I [insert full name]
consent to the release of the above information to Australian Kokoda Tours. I consent to Australian
Kokoda Tours contacting my medical practitioner if needed to discuss any relevant medical details.

Name

Signature

Date