Medical Declaration Form - Private and Confidential

Please read the notes carefully before you fill in this form.

All potential participants on our Overseas Challenge events are required to complete a medical form. Dedicated personnel will look at the forms and may forward details to the event provider's doctor for advice. All information will be treated as **STRICTLY CONFIDENTIAL**.

The information in this form will be supplied to the tour manager and doctor accompanying the event so they are fully aware of any medical conditions you may have. The details of your medical history are strictly confidential and the forms will be destroyed after the event, unless in the event of an incident.

The event in which you will be participating is challenging and will require a good level of fitness, strength and endurance. It is your responsibility to ensure that you have the appropriate level of fitness.

There will be trained medical personnel with first aid supplies with the group at all times who will administer first aid if and when required. Please note that routes will be away from main cities and hospitals (at which medical facilities may be inferior to those in the UK).

If you develop any new medical conditions or experience worsening of existing conditions after completing this form, you must inform the Treks & Cycles Team at Marie Curie Cancer Care.

If you, or your GP, have any medical queries you would like to discuss with the tour provider's Medical Advisor, please contact the Treks & Cycles Team and they will be happy to arrange this.

Section A

Height (cm): _____ Weight (kg): _____

Blood group: _____Age (on first date of trek): _____

Blood Pressure _____ Pulse: _____

A specialist's opinion is necessary for anyone with a history of heart attack, angina, arrhythmia or severe respiratory disease.

Please state whether you have/have not had any of the following conditions:

	NO	YES	IF YES, PLEASE GIVE DETAILS:
1. Will you be aged 60 or over during the event?	☐	☐	_____
2. Asthma, wheezing (with breathing or exercise), Respiratory or any other lung disease?	☐	☐	_____

Continued overleaf

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Section A continued

Please state whether you have/have not had any of the following conditions:

	NO	YES	IF YES, PLEASE GIVE DETAILS:
3. Bronchitis and/or shortness of breath?	☐	☐	_____
4. Severe attack of hay fever/allergy?	☐	☐	_____
5. Chest surgery?	☐	☐	_____
6. Do you suffer from any phobias (claustrophobia, heights, water etc)?	☐	☐	_____
7. Psychiatric or mental illness, including depression?	☐	☐	_____
8. Epilepsy, seizures, fainting attacks or convulsions, Or ever had a stroke?	☐	☐	_____
9. Any other neurological problem?	☐	☐	_____
10. Recurring migraine headaches, Blackouts?	☐	☐	_____
11. Recurring joint, mobility or back problems/surgery?	☐	☐	_____
12. Do you have any heart, blood or circulatory issues, such as diabetes, high blood pressure, heart disease or blood clots in particular DVT (Clots in the leg)?	☐	☐	_____
13. Diabetes?	☐	☐	_____
14. Any hearing loss or problems with balance?	☐	☐	_____
15. Any surgical operations, when?	☐	☐	_____
16. Suffered from heat stroke?	☐	☐	_____
17. Any serious eyesight issues?	☐	☐	_____
18. Bleeding, haematological or other blood disorders?	☐	☐	_____
19. Any type of hernia?	☐	☐	_____
20. Metabolic or endocrinal disorder?	☐	☐	_____
21. Ulcers or ulcer surgery?	☐	☐	_____
22. Digestive or bowel disorder, or stomach problems?	☐	☐	_____

Continued overleaf

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Section A continued

Please state whether you have/have not had any of the following conditions:

	NO	YES	IF YES, PLEASE GIVE DETAILS:
23. Cerebral disease (e.g. stroke, head injury etc)?	☐	☐	_____
24. Fractures, tendon, ligaments/cartilage damage?	☐	☐	_____
25. Drug or alcohol dependency?	☐	☐	_____
26. Are you awaiting tests/investigations /results /surgery, or been hospitalised in the last two years?	☐	☐	_____
27. Are you pregnant?	☐	☐	_____
28. Do you smoke?	☐	☐	_____
29. Physical disability or other disability?	☐	☐	_____
30. Could you be a carrier of infectious diseases?	☐	☐	_____
31. Hospitalised in the last two years?	☐	☐	_____
32. Had to take steroid tablets?	☐	☐	_____
33. Thyroid disease or endocrine disorder?	☐	☐	_____
34. Are there any other medical issues not covered relevant to your well-being on the Challenge?	☐	☐	_____
35. Please list all the medications you are currently taking?	☐	☐	_____

If your event is at altitude –

38. Have you experienced trekking or cycling at altitude? If yes give details and the height you reached and any symptoms of altitude you experienced.

NO ☐ YES ☐ IF YES, PLEASE GIVE DETAILS: _____

_____

_____

_____

Continued overleaf

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Section B

IMPORTANT: If you answer YES to any of the questions overleaf you must ask your doctor to sign this form at the bottom of the page.

TO BE COMPLETED BY THE PARTICIPANT

I confirm that I have read and understood this medical form. I have understood the need for fitness and to the best of my knowledge; this is a true and accurate description of my medical history and current condition.

I am responsible for organising my own vaccinations (if necessary) through my GP.

I will advise my insurer of my medical condition. Should I fail to do this, I understand that I will be liable for any medical costs incurred whilst on the event as a result of my condition.

In the event of illness or accident on the event, I hereby give permission for the tour operator medical staff to initiate medical treatment, and to notify my next of kin in case of hospitalisation.

Participant signature:
Date:

____/_____/____

YOUR APPLICATION MAY NOT BE PROCESSED IF THIS SECTION IS NOT COMPLETED AND SIGNED.

To be completed by GP (if required)

NAME OF PARTICIPANT_____

The information given by the participant is correct, and no significant medical history contained in the patient's medical records has been withheld. I confirm that, to my knowledge, the participant has no physical or mental health problems that should preclude them from undertaking the challenge.

Doctor's signature: _____

Date: _____/_____/_____

Doctor's name:_____

Phone number of doctor: _____ Fax no:_____

GP's stamp