



THE ULTIMATE TRAVEL COMPANY

Participant Medical Information Form - High Altitude Treks

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

All potential participants on our Challenge events are required to complete one of our medical forms. Dedicated personnel will look at the forms, and may forward details on to our doctor for advice. All information will be treated as strictly confidential.

We request medical information from you in an endeavour to minimise risks to all participants, and for that reason ask that you disclose all your medical history. The Ultimate Travel Company cannot accept any responsibility in the event that you do not fully disclose all relevant details. Our policy is to encourage and support as many people as possible to take part in our Challenges; we nevertheless reserve the right to reject your application to participate in this event if recommended to do so by our medical advisor.

The event in which you will be participating is challenging and will require a good level of fitness, strength and endurance. You should check with your doctor to ensure that you are sufficiently fit and healthy to participate. You should also take into account that medical and other facilities at the destination are likely to be inferior to those in the UK and that some parts of the route will be away from main cities and hospitals, in remote locations.

There will be trained medical personnel on hand who will be able to provide treatment for minor injuries, and first aid support in the event of a more serious injury or medical problem. Should you require more medical attention than can safely be provided on site, the medical officer and staff team will arrange appropriate evacuation and transfer to the nearest, most appropriate, hospital or medical centre.

If you develop any new medical conditions or experience worsening of existing conditions after returning this form, you must inform The Ultimate Travel Company.

If you, or your GP, have any medical queries you would like to discuss with The Ultimate Travel Company Medical Advisor, please contact the office, and we will be happy to arrange this.

Please complete in BLOCK capitals

PART ONE – to be completed by each participant

Challenge _____ Event date _____

Title (Mr/Mrs/Miss/Ms/Dr) _____ Date of birth _____ Age _____

Surname _____ Forenames _____

Address _____

Tel (day) _____ Tel(eve) _____

Mobile _____ E-mail _____

Height (metres) _____ Weight (kg) _____

Participant name: _____

Do you have a history of any of the following conditions?

1. Raised blood pressure Yes / No

If yes, please list the dates and values of your last three blood pressure readings:

Date			
BP (mmHg)			

2. Heart or circulatory failure Yes / No

Details _____

3. Blood clots, in particular DVT (clot in leg) or PE (clot in lung) Yes / No

Details _____

4. Chest or lung disease Yes / No

Details _____

5. Asthma Yes / No

If yes, have you ever:

Had to be hospitalised Yes / No

If yes when

Had to take steroid tablets Yes / No

6. Epilepsy Yes / No

Details _____

7. Diabetes Yes / No

If yes, do you have type I or type II diabetes _____

Please list the dates and values of your last three HbA1c readings:

Date			
HbA1c (%)			

8. Digestive or bowel disorders Yes / No

Details _____

Participant name: _____

9. Haematological or blood disorders Yes / No

Details _____

10. Cerebral disease e.g. stroke, head injury, tumour Yes / No

Details _____

11. Past injuries e.g. fractures, sprains Yes / No

Details _____

12. Operations Yes / No

Details _____

13. Mental health problems Yes / No

Details (including any admission dates, any sections, specific diagnosis)

14. Allergies Yes / No

Details _____

15. Heat illness or cold injury Yes / No

Details _____

16. Thyroid disease, or other endocrine disorder Yes / No

If yes, please give the date and values of your last thyroid function tests

Date	TSH	T4

Please list any medications you are currently taking:

If you have any other medical condition not disclosed above, please give details here:

Have you any experience of trekking at altitude? If yes, please give details below, and the height you trekked and any symptoms of altitude you experienced:

Participant name: _____

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I certify that I have read and understand this medical form. The information I have given is correct. In the event of illness or an accident on the trip, 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.

Signed: _____ Date: _____

I certify that I have read and understand the attached notes on altitude and health, and that I accept the risk travelling to altitude entails.

Signed: _____ Date: _____

I hereby give permission for The Ultimate Travel Company's medical advisor to discuss medical conditions relevant to this Challenge with either my GP or hospital specialist

Signed: _____ Date: _____

PART TWO – to be completed by the participant's GP

The challenge this participant has applied for involves trekking at altitude.

I have read this medical form, including the attached notes. 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 this high altitude challenge.

GP signature: _____ Date: _____

GP Practice Stamp:

Tel: _____ Fax: _____

Please return this completed medical form to:

***The Ultimate Travel Company,
27 Vanston Place, London SW6 1AZ
Tel: 0207 386 4673/4688/4680***

Participant name: _____