

TREK THE ROCKIES

June 2019

MEDICAL QUESTIONNAIRE

Please complete this form in BLOCK CAPITALS

It is for your own safety that we find out as much as possible about your medical history. This will ensure that you can cope with the rigours of the trek. All your answers will be treated in the strictest confidence and will not necessarily adversely affect your chance to take part. We will attempt to accommodate everybody, but do reserve the right to refuse participation on medical grounds if we feel your safety, and that of the group, may be compromised. Any decision made will be in consultation with you and your GP. Should any of your medical details change after you have completed this form then you must inform us.

PERSONAL DETAILS

TITLE	
FULL NAME	
D.O.B & AGE	
CONTACT NO.	
GP NAME	
GP PRACTICE	
GP NUMBER	

MEDICAL BACKGROUND

Please tick as appropriate if you do now or have ever suffered any of the following;

	YES	NO
VERTIGO		
HEART TROUBLE		
ASTHMA / BRONCHITIS		
DIABETES		
EPILEPSY		
FAINTING ATTACKS		
MIGRAINE		
SEVERE HEAD INJURY		
BACK PROBLEMS		
ALLERGIES (inc animals)		
FRACTURES		
PHYSICAL DISABILITY		
PSYCHIATRIC / MENTAL ILLNESS		
ARE YOU CARRYING ANY INFECTIOUS DISEASES		
ARE YOU REGISTERED AS DISABLED		
ARE YOU PREGNANT		
DO YOU SMOKE		
DO YOU SUFFER FROM ANY OTHER CONDITIONS		

If you answered yes to any of the above questions, please give further details here:

Do you currently use any form of medication regularly? If Yes, please give details here;

NEXT OF KIN DETAILS

TITLE	
FIRST NAME	
SURNAME	
RELATIONSHIP	
ADDRESS	
POSTCODE	
CONTACT NO.	
EMAIL	

In the event of an accident or illness while on the trip, I hereby give permission for USPCA medical or event staff to initiate medical treatment and to inform my next of kin in case of hospitalisation.

To the best of my knowledge this is a true and accurate description of my medical history and current condition. I understand that I am also responsible for informing the USPCA of any change in my medical condition, including pregnancy, which may arise between now and the departure date.

Participants must agree to inform the USPCA of any medical or other condition that might affect their ability to take part in the event.

Participant Signature

Date