

## MEDICAL INFORMATION SHEET

Mountain Climbing/Trekking is strenuous and often includes exercise of a different nature than most participants are use to. You should not engage in activities which are opposed by your doctor because of your general health, recent illness, injury or surgery. If you have any questions regarding your participation in any program, please discuss them with your physician.

Name \_\_\_\_\_ Age \_\_\_\_\_

Trip \_\_\_\_\_ Date \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

Do you or have you ever suffered from any of the following. If yes, please describe below:

	Yes	No
Allergies		
Frostbite		
Cerebral or Pulmonary Edema		
Diabetes		
Asthma		
Heart Problems		
High Blood Pressure		
Dislocations		
Back Problems		
Are you currently under a doctor's care?		
Are you taking any medications?		
Are you allergic to insect bites?		
Are there any limitations to your activities?		
Do you have any medical condition not listed above that of which I should be made aware?		

If yes to any of the above please describe:

Describe your health:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian must also sign if participant is under 18 years of age )