

Medical Questionnaire



It is for your own safety that you provide full and accurate details of your medical history. This is to ensure that you can cope with the rigours of the challenge and to ensure that our leaders can assist you in achieving your goal. All personal information will be treated in the strictest confidence in accordance with the Data Protection Act and will only be disclosed to Discover Adventure Ltd and any medical staff employed for the challenge. Please rest assured that any decisions regarding your participation will be made after full consultation with you.

Please complete and return this form to Discover Adventure Ltd.

1. Personal Details

Full Name:	Challenge:	
Departure Date:	Charity: (if applicable):	
Date of Birth:	Age:	Contact Tel No:
Height:	Weight:	
If your BMI is much higher than 25 our doctor may contact you to discuss training and possible difficulties you will face on the challenge.		

2. Medical History – Have you suffered from any of the following in the last 5 years: (Please circle)

A. If you have answered 'Yes' to any of these your GP's signature will be required on your medical form.

Heart disease including: heart attacks, angina, cardiac or vascular related surgery and irregular heart rates and rhythms?	YES / NO
Bleeding or other blood disorders requiring anticoagulants?	YES / NO
Asthma requiring oral steroids?	YES / NO
Any form of lung disease?	YES / NO
Diabetes?	YES / NO
Epilepsy, seizures or convulsions?	YES / NO
Severe Head Injury?	YES / NO
Cancer?	YES / NO
Multiple sclerosis?	YES / NO
Physical or other disability?	YES / NO

B. If you have answered 'Yes' to any of these a GP signature is not required however our GP may need to contact you for further information.

Asthma or shortness of breath?	YES / NO
Migraine?	YES / NO
Allergies?	YES / NO
Recurrent back problems/surgery?	YES / NO
Fractures, Tendon, Ligament/Cartilage damage?	YES / NO
Depression, manic depression, psychosis or any other diagnosed mental illness?	YES / NO
Learning or emotional needs?	YES / NO
Have you been hospitalised within the last 2 years?	YES / NO
Are you suffering from or a carrier of any infectious diseases?	YES / NO
Any other serious illness?	YES / NO

C. If you have answered yes to any questions above, please give further details below or on a separate sheet:

D. Do you regularly and/or currently use any form of medication? Please give details below:

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IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING

- In the event of an accident or illness whilst on the trip, I hereby give permission for Discover Adventure to initiate medical treatment and to inform my next of kin/emergency contact (as detailed on my registration form) if appropriate.
- To the best of my knowledge I confirm that my mental and physical health and fitness is good and that the information I have provided in this questionnaire is a true and accurate description of my medical history and current condition. I understand that by giving false information I endanger both my own safety and that of others on the trip. I agree to take with me sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur.
- I agree that Discover Adventure Ltd. or medical staff employed by them may approach my GP to verify the information on this form and attain some further details as they think necessary and that my GP may release such information to them.
- I understand that neither Discover Adventure Ltd. nor my charity can accept any liability or expenses resulting from any illness, injury or other untoward occurrence arising from any undisclosed medical condition (other than to the extent that death or personal injury arises as a result of its negligence). I also understand that failure to disclose a pre-existing medical condition could invalidate my travel insurance and that I am responsible for declaring any pre-existing medical conditions directly to the insurance company prior to departure.
- I confirm that I will immediately inform Discover Adventure Ltd. of any change to the information I have provided on this medical questionnaire.

SIGNED:

DATE:

The following section must be completed if you are over 65; have answered 'YES' to any of the questions in Group A overleaf; or have a BMI of 35 or more.

PLEASE ENSURE YOU ATTACH A COPY OF YOUR ITINERARY BEFORE REQUESTING A DOCTOR'S SIGNATURE.

MEDICAL FORM TO BE COMPLETED BY THE FAMILY DOCTOR/PHYSICIAN WHO HAS ACCESS TO THE PATIENT'S MEDICAL HISTORY.

The person named overleaf will be participating in a charity fundraising challenge as detailed in the accompanying itinerary, which details the destination and trip duration, type of activity, trip grade (level of difficulty), approximate daily distances or hours of activity, type of terrain, accommodation and living conditions, and any altitude involved. Trips are graded from Challenging (Grade 1) to Extreme (Grade 5).

Discover Adventure Ltd will provide experienced personnel to lead the event who are first-aid trained and will ensure high hygiene standards are taught and maintained; this often includes a doctor but is not guaranteed. The event may be a considerable distance from any hospital back up.

With the above information, if there is any matter which you feel that Discover Adventure Ltd should be aware, please supply details on a separate sheet. If you require any further details please call Discover Adventure Ltd on 01722 718444.

I have read the above paragraph and agree that the participant's medical details are correct. In my opinion this patient is currently fit and healthy both mentally and physically and able to participate in the event.

Doctor's Signature: _____ Date: _____

Doctor's Name (Block Capitals Please): _____

Address: _____

DOCTORS STAMP & GMC NUMBER HERE