

Medical questionnaire

Name of
First Hand Experience

Date of
First Hand Experience

It is for your own safety that we find out as much as possible about your medical history, to ensure that you can cope with the rigours of your First Hand Experience, and so we can take good care of you.

Your answers will be treated in the strictest confidence and will not necessarily adversely affect your chance to take part. Any decisions will be made in consultation with you. The information you supply is strictly confidential and will only be used in relation to your expedition.

01 Your details

Your name:

Height:

Weight:

02 Medical questions

Do you suffer from, or have you ever suffered from: (circle)

Asthma or wheezing (with breathing or exercise) Yes No

Severe attacks of hay fever/allergy Yes No

Any form of lung disease Yes No

Cancer Yes No

Chest surgery Yes No

Claustrophobia or agoraphobia Yes No

Behavioural health problems Yes No

Epilepsy, seizures or convulsions Yes No

Recurring migraine headaches Yes No

Blackouts or fainting Yes No

Motion sickness Yes No

Recurrent back problems/surgery Yes No

Diabetes Yes No

Arm or leg problems Yes No

High blood pressure Yes No

Any heart disease/heart attacks Yes No

Angina/heart surgery or blood vessel surgery Yes No

Hearing loss or problems with balance Yes No

Bleeding or other blood disorders Yes No

Any type of hernia Yes No

Ulcers or ulcer surgery Yes No

Bowel disorder Yes No

Drug or alcohol abuse Yes No

Have you been in hospital in the last year? Yes No

Are you awaiting tests/investigations/results/surgery? Yes No

Do you regularly take prescription medication? Yes No

Are you pregnant? Yes No

Are you registered disabled? Yes No

Do you suffer from phobias (heights, flying, water?) Yes No

Are there any other medical issues not covered above which are relevant to your well-being on your expedition? Yes No

03 Further information

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

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04 Medication list

Please list any medication you are currently taking and ensure you bring enough supplies (in original container) for the length of the trip.

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05 Declaration

I confirm that 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.

I understand that the First Hand Experience will involve strenuous activity and that I need to achieve an adequate level of fitness in order to participate. If I have any concerns whatsoever about my physical fitness or health, or any of the medical conditions listed that may affect my safe participation, I will consult my doctor before departure.

I hereby certify that the information provided by me on this form is to the best of my knowledge true and correct.

I understand that if any of the information provided by me on this form is found to be false, I risk losing my place on the expedition.

I understand it is my responsibility to let ActionAid know if at any time between now and departure my medical condition changes.

In the event of illness or an accident I hereby give permission for the tour operator medical staff to initiate medical treatment.

I hereby give permission for the tour operator's medical advisor to discuss medical conditions relevant to this challenge with either my GP or hospital specialist.

Signed

Date

Name (in capital letters)

06 Doctor's signature

Please make sure that your doctor signs your form, if any of the following apply:

You are over 65

You have answered YES to any of the questions overleaf

The above named person will be participating in a strenuous challenge. They may be trekking/cycling/labouring for approximately eight hours a day in rough terrain and in extremes of temperature, climate and altitude. The participant may be camping with basic facilities such as long drop pit latrines, primitive washing facilities and living under canvas. The food may be cooked over open fires or gas burners. The tour operator ActionAid is acting as agent for will provide English speaking first-aid qualified guides, or an English speaking doctor on each challenge to give immediate medical assistance at all times. Please note however that the event may be a considerable distance from any hospital support. With the above information, if there is any matter that you feel ActionAid should be aware of, please supply details on a separate sheet. If you need any further information please call us on 020 7561 7571.

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

Doctor's signature

Date

Doctor's name (in capital letters)

Address

GMC number

Please return to: Jan Truscott, ActionAid,
Freepost (BS4868) Chard, Somerset, TA20 1BR