



## 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 expedition will involve strenuous activity and that I need to achieve an adequate level of fitness in order to participate in the challenge that I have selected. Before the departure of the expedition, 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 the opinion of my Doctor.
- 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

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Date

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Name (CAPS)

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**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 8 hours a day over rough terrain, in extremes of temperature, climate and altitude. The participant may be camping with basic facilities such as long drop toilets, 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 our Challenge Team 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

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Date

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Doctor's name (CAPS)

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Address

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GMC Number

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

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