

MEDICAL QUESTIONNAIRE

Please complete this questionnaire and return it to **ACARA**. 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 Challenge. 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 and the right to remove a participant 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.

Failure to divulge the full details of any medical condition from which you suffer will invalidate your insurance and mean you will have to pay for any medical expenditure and repatriation, which can result in thousands of Euros.

Please use BLOCK CAPITALS

1. Personal details

Name			
Date of birth		Age	
Daytime phone number		Evening phone number	
Name of your GP		GP's phone number	
Event name			

2. Do you suffer or have you ever suffered from:

Vertigo?	YES/NO
Heart trouble and/or blood pressure problems?	YES/NO
Asthma, bronchitis and/or shortness of breath?	YES/NO
Diabetes?	YES/NO
Epilepsy and/or fainting attacks?	YES/NO
Migraine?	YES/NO
Severe head injury?	YES/NO
Back problems?	YES/NO
Allergies?	YES/NO
Fractures, tendon, ligament/cartilage damage?	YES/NO
Physical or other disability?	YES/NO
Psychiatric or mental illness?	YES/NO
Have you attended hospital for any investigations/treatment in the last two years?	YES/NO
Are you suffering from or a carrier of any infectious diseases?	YES/NO
Are you registered as disabled?	YES/NO
Are you pregnant?	YES/NO
Do you suffer from any other conditions that are not stated above?	YES/NO

3. If you have answered yes to any of the above questions, please give further details below (use a separate sheet if required)

4. Have you ever suffered from Asthma (please tick)?

Yes		No	
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If you answered yes to question 4,

a) When was the last time you needed hospital treatment?

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b) When was the last time you needed steroid tablets?

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c) What medication/inhalers do you use?

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5. Do you currently use any form of medication regularly (please tick)?

Yes		No	
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6. If yes, please give details below:

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NEXT OF KIN (Please write clearly in capital letters giving full name, address & telephone numbers)

Name	
Address	
Daytime phone number	
Evening phone number	
Mobile number	
Relationship	

In the event of an accident or illness while on the trip, I hereby give permission for ACARA medical or expedition 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 ACARA of any change in my medical condition, including pregnancy, which may arise between now and the departure date. I understand that failure to do so will invalidate my insurance.

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

Signature		Date	
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Please return this form with your application.

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

This section MUST be completed by all participants. Applications for the challenge will not be accepted without this form.

The above named person will be participating in a charity fundraising trek lasting 6 days, during which time he/she will be subject to basic camping/ hostel and living conditions. Physical activity will involve trekking for approximately seven/ eight hours per day over sometimes rough and often mountainous terrain. The trek can also involve extremes of temperature, climate and altitude.

At certain times participants will only have access to basic facilities, such as long drop (outdoor) toilets and primitive washing facilities. They may at times be living under canvas. Food may be cooked over open fires and/or gas burners. **ACARA**, provides at least one suitably qualified medic for each trip to provide emergency first aid/medical care and to ensure high hygiene standards are taught and maintained. The trekking area is likely to be a considerable distance from any hospital/medical back up.

Based on the above information, if there are any matters that you feel **ACARA** should be made aware of, please supply these on a separate sheet. If you require any further details please call **ACARA** on 01 4784505.

I have read the participant's medical questionnaire and agree that the details are correct. In my opinion this patient is in a fit mental and physical state and capable of participating in the event described above.

Doctor's signature		Date	
Doctor's name (BLOCK CAPITALS PLEASE)			
Address	Practice stamp and GMC number		
Telephone number			

Please return this form with your application.