

# MEDICAL FORM

As the trek to Kilimanjaro is above 3000 metres, all participants need to complete this medical form. It is compulsory that your GP signs overleaf. All information supplied in this form will be treated as strictly confidential.

## EVENT DETAILS

---

Name of charity: Co-operation Ireland

Date and destination of event: Kilimanjaro Trek – October 2010

## PERSONAL DETAILS

---

Title (Mr/Mrs/Miss/Ms/Dr): ..... Date of Birth: ..... Age: .....  
 Forenames: ..... Height:.....(metres) Weight: .....(kg)  
 Surname: ..... Email: .....  
 Nationality:.....Tel. Daytime: ..... Tel. Evening: .....

## MEDICAL DETAILS

---

The event in which you will be participating is challenging and will require a good level of fitness, strength and endurance. It is your responsibility to ensure that you have the appropriate level of fitness, check with your doctor to ensure that you are sufficiently fit and healthy to participate. The event is not recommended for those with any infirmity. Medical and other facilities at the destination are likely to be inferior to those in the UK.

Do you have a history of any of the following conditions?

- |                                 |  |                           |  |
|---------------------------------|--|---------------------------|--|
| 1. Heart or circulatory disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Diabetes               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Raised blood pressure        | Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. Joint or back injuries | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Respiratory disease          | Yes <input type="checkbox"/> No <input type="checkbox"/> | 10. Heat stroke           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Asthma                       | Yes <input type="checkbox"/> No <input type="checkbox"/> | 11. Vertigo               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Hay fever                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | 12. Altitude sickness     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Epilepsy                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | 13. Any other condition?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Anxiety / stress             | Yes <input type="checkbox"/> No <input type="checkbox"/> |                           |  |

Are you allergic to Nuts / Penicillin / Wasp or Bee stings / Shellfish / Other .....

Have you undergone hospital treatment in the last 12 months? Yes  No

---

If you have ticked "Yes" to any of the above or you have undergone hospital treatment, please give details in the space below and list any medication you are currently taking.

Details .....

..... Blood Group (if known): .....

Medication ..... (Please bring supplies for the length of the trip plus spares)

.....

## DOCTOR'S SIGNATURE

If you are taking part in the Kilimanjaro Trek, which is above 3,000m, you must ask your doctor to sign below confirming that you are fit to undertake the challenge.

I confirm that I have read the itinerary my patient is planning to undertake and I know of no reason why this person should not participate in an event of this type at this point in time.

Doctor's name: ..... GP Practice stamp:

Doctor's signature .....

Date .....

**This challenge is at high altitude and therefore all participants are asked to obtain a signature from their GP in order to be accepted on the challenge.**

Classic Tours Kilimanjaro Trek entails consecutive days of trekking and will be physically demanding. Due to the nature of the event the route will be away from main cities and hospitals. However, there will be trained medical personnel on hand and first aid supplies.

## NEXT OF KIN

Name (in full)..... Relationship .....

Address .....

Postcode ..... Email: .....

Daytime Tel ..... Evening Tel ..... Mobile Tel .....

## I APPLY TO TAKE PART IN THIS CHALLENGE AND CONFIRM THE FOLLOWING:

- 1) I have understood that this challenge is rated as very challenging.
- 2) I have understood the need for fitness and will read the training guidelines and commit to a training programme for the event.
- 3) To the best of my knowledge this is a true and accurate description of my medical history and current condition.
- 4) I sign below for Classic Tours to release this information to the doctor accompanying the event to allow him/her to contact my GP for further details.
- 5) In the event of illness or an accident on the trip I hereby give my permission for Classic Tours medical staff to initiate medical treatment and notify my next of kin in case of hospitalisation.
- 6) I am responsible for organising my own vaccinations through my GP and will be expected to bring a personal first aid kit.
- 7) I will advise my insurer of my medical condition. Should I fail to do this, I understand that I will be liable for any medical costs incurred whilst on the challenge as a result of my condition.

Signed.....

Date .....

## IMPORTANT !

**Should any of your medical details change after you have submitted this form, please inform Classic Tours immediately. You may be asked to complete a new medical form. It is vital that you remember to do this for your own safety.**