

Pre-Expedition Questionnaire & Medical Declaration Form

First Name	<i>First Name</i>
Last Name	<i>Last Name</i>
DOB	<i>DOB</i>
Address	<i>House Number or Name First Line Second Line Town and Country Post Code or Zip Code</i>
E-mail Address	<i>Email Address</i>
Telephone No.	<i>Telephone Number</i>
Nationality	<i>Nationality</i>
Passport Number	<i>Passport Number</i>
Place of Issue	<i>Place of Issue</i>
Date of Issue	<i>Date</i>
Date of Expiry	<i>Date</i>
In Case Of Emergency / Next of Kin:	
First Name	<i>First Name</i>
Last Name	<i>Last Name</i>
Telephone No.	<i>Telephone Number</i>
Alternative Telephone No.	<i>Telephone Number</i>
Other:	
Dietry Requirements	
T-shirt Size	<i>Choose a size</i>

Travel Insurance Information

Please only fill insurance details for international courses. For international expeds please ensure your travel insurance covers you for all activities you will undertake on the trip e.g. many insurance providers only cover ascent to 5,500m altitude; as well as evacuation and repatriation cover.

Travel Insurance Provider	
Insurance Policy Number	
Providers 24h Emergency Contact Number	
Address	<i>First Line Second Line Town and Country Post Code or Zip Code</i>

Medical Declaration

Please note this form will be passed on to the trip medic who may be in contact before departure. It is essential that we have an accurate record of your medical history to ensure your safety. All information provided will be treated with the strictest confidence.

Do you suffer from or have you ever suffered from any of the following:			
Any respiratory illness e.g. Asthma, COPD or Bronchitis?	<i>Yes/No</i>	Do you have any Allergies?	<i>Yes/No</i>
Any heart disease e.g. Angina, High Blood Pressure?	<i>Yes/No</i>	Do you have or have you ever had Cancer?	<i>Yes/No</i>
Epilepsy or fainting problems?	<i>Yes/No</i>	Do you carry any infectious disease?	<i>Yes/No</i>
Diabetes?	<i>Yes/No</i>	Psychiatric or mental illness?	<i>Yes/No</i>
Previous head injuries?	<i>Yes/No</i>	Have you been hospitalised within the past two years?	<i>Yes/No</i>
Fractures, ligament or tendon injuries?	<i>Yes/No</i>	Do you take any blood thinning medication e.g. warfarin, rivaroxiban, aspirin or clopidogrel?	<i>Yes/No</i>
Problems with sight or hearing?	<i>Yes/No</i>	Are you registered disabled?	<i>Yes/No</i>
Are you pregnant or trying to get pregnant?	<i>Yes/No</i>	Do you have any other ongoing or past medical problems or addictions?	<i>Yes/No</i>
If you answered 'yes' to any of the above please provide detail information on your medical history below, including symptoms, occurrence, medication and dosage			
Do you take any medication not mentioned above?			
I have had or will have all vaccinations necessary for the region and nature of travel (please consult the expedition doctor if you have any questions)		<i>Yes/No</i>	
Print:	Sign:	Date:	

IF YOU ARE OVER THE AGE OF 65 OR HAVE ANSWERED 'YES' TO ANY OF THE MEDICAL QUESTIONS, THE BELOW SECTION MUST BE COMPLETED BY A DOCTOR WHO HAS ACCESS TO YOUR MEDICAL HISTORY

For Medical Professionals

N.B. only needs to be completed if the participant is over 65 or has pre-existing medical conditions!

Dear Doctor,

The above-named person will be participating in a reasonably strenuous challenge, trekking or cycling for more than 5 hours a day for up to 14 days. Unique Expeditions will provide a medical professional to give immediate first aid in the event of an accident, however the event may be a considerable distance from hospital. With the above information, if there is any matter of which you feel Unique Expeditions should be aware of, please supply details on a separate sheet. If you need further information, please email us at contact@UniqueExpeditions.co.uk

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

PLEASE NOTE A DOCTORS SIGNATURE IS NOT VALID UNLESS ACCOMPANIED BY A SURGERY STAMP

Print Name:	Date:
Signature:	GMC No.
Address:	Surgery Stamp: ESSENTIAL