



# Kilimanjaro – Medical Information Form

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **M or F**  
**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_ **Do you have Ambulance cover? Y or N**  
**Do you have private health cover? Y or N. If so, which Insurer?** \_\_\_\_\_

**Person to contact in an emergency:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Numbers:** (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile: \_\_\_\_\_

**Smoker** Yes ( ), No ( ), Quit in last 5yrs ( ), **Weight** Normal ( ), 5-10kgs Over ( ), 10kg+ Over ( )

**Exercise per week prior to 2010** (continuous for 20 mins+) 3+ ( ), 2-3 ( ), 1-2 ( ) None ( )

**Any injuries or limitations that might restrict strenuous trekking** (eg back, leg, heart, recent illness etc.) If Yes, please explain? \_\_\_\_\_

## Medical Information to be completed by Doctor

(this information will be kept strictly confidential)

### **Do you have, or have you had any of the following... (Please indicate with Y or N)**

- |   |  |
|---|--|
| <input type="checkbox"/> High Blood Pressure                        | <input type="checkbox"/> Malaria                                     |
| <input type="checkbox"/> Fainting spells or dizziness               | <input type="checkbox"/> Diabetes (type 1 or 2?)                     |
| <input type="checkbox"/> Pre-existing heart conditions or angina    | <input type="checkbox"/> Epilepsy (type & last episode)              |
| <input type="checkbox"/> Heart stents, by-pass surgery              | <input type="checkbox"/> Arthritis, rheumatism or chronic joint pain |
| <input type="checkbox"/> Stomach trouble requiring Doctor or ulcers | <input type="checkbox"/> Dislocation/s                               |
| <input type="checkbox"/> Appendicitis                               | <input type="checkbox"/> Knee, ankle or foot problems                |
| <input type="checkbox"/> Concussion or head injury                  | <input type="checkbox"/> Anemia or Haemophilia                       |
| <input type="checkbox"/> Loss of consciousness                      | <input type="checkbox"/> Ear, nose or throat disorder                |
| <input type="checkbox"/> Frequent Headaches                         | <input type="checkbox"/> Skin disease                                |
| <input type="checkbox"/> Asthma or other breathing disorder         | <input type="checkbox"/> Depression                                  |
| <input type="checkbox"/> Chronic or frequent cough                  | <input type="checkbox"/> Phobias                                     |
- Special Dietary requirements \_\_\_\_\_ Any other conditions not listed \_\_\_\_\_

**Do you have any allergies of any kind** (eg; bee stings, pencillin, peanuts or other food intolerances)? YES / NO  
If so, how severe is your allergy and what treatment do you normally require? \_\_\_\_\_

**Have you had any recent surgery** (including knee or joint operations)? YES / NO  
Details: \_\_\_\_\_

**Have you ever been advised to have surgery that has not been carried out?** YES / NO  
Details: \_\_\_\_\_

**Are you currently taking any medication or do you need to carry preventative medication?** YES / NO  
If so what medication is required & please explain procedure for administration? \_\_\_\_\_

\*Please ensure that your patient's heart and lungs are in good general health and that they have no existing musculo-skeletal, respiratory or cardiac problems that would prevent them from participating in a trip to Kilimanjaro (5895m)

## Doctor's Clearance

In my opinion, there is no medical reason why \_\_\_\_\_ cannot participate in the Kilimanjaro Trek. (including pre-trek bushwalks and trekking to an altitude of 5895metres above sea level)

**Doctor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<p>Doctors Stamp with name &amp; phone number</p>
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\*Please return to Wayne Enright – Free Spirit Adventures.