

## HEALTH QUESTIONNAIRE

Name:

Age:

Height:

Weight:

Emergency Contact Details:

(name, relationship, telephone number and email)

The purpose of the Health questionnaire is to ensure your safety. As experienced expedition leaders and health care professionals, there are some medical conditions that we need to know about. Rarely, some pre-existing health conditions might make a trip to the Everest region un-safe. Therefore, if we have any doubt about your well-being, we will contact you to discuss things on a one-to-one basis, before making any final decisions. **TREK8848** reserves the right to decline an application where necessary.

Please fill in the form honestly and completely. Don't worry if you answer yes to any of these questions, as it does not signify that you cannot come. Please sign the form to confirm that your statements below are true. We can assure you that the information that you supply will remain confidential and that it will not be discussed with other participants or be released to any other parties.

- 1. Do you have any allergies? If YES, please explain:**
- 2. Are you taking any medications? If so, please document regular and 'as required' medications, inhaler use and/or the use of the oral contraceptive pill.**
- 3. Any substance dependence (including street drugs & alcohol)? If YES, please explain:**
- 4. Have you ever had a psychiatric illness (including depression, bipolar disorder, psychosis & personality disorder)? If YES, please explain:**

5. Have you ever had a problem with your heart (including angina, arrhythmias & heart attack)? If YES, please explain:
  
6. Have you ever had a problem with your lungs (including asthma, COPD & Pulmonary Embolism)? If YES, please explain:
  
7. Have you ever had a stroke? If YES, please explain:
  
8. Have you ever had a problem with bleeding or clotting (including Deep Vein Thrombosis & haemophilia)? If YES, please explain:
  
9. Are you diabetic?
  
10. Are you pregnant?
  
11. Do you have any other significant health problems or medical conditions? If YES, please explain:
  
12. In the last year, have you been admitted to hospital? If YES, please explain the context and supply approximate dates:

Signed: \_\_\_\_\_