

# MEDICAL QUESTIONNAIRE



Please complete this medical questionnaire. Your answers will be treated in the strictest confidence in accordance with the Data Protection Act and our policy is to encourage and support as many people as possible to take part in our challenges. We request medical information from you in an endeavour to minimise risk to all participants, and for that reason **we ask that you disclose all your medical history**. Depending on the answers given you may need to get your Doctor to sign and stamp this medical declaration. If you are 64 years of age or over at time of travel this form must be authorised by your Doctor regardless of the answers given.

**Please complete all fields by hand, forms filled in electronically cannot be accepted and will be returned.**

## Personal Information

Name and Date of Challenge			
Name		Date of Birth	
Height		Weight	BMI (if known)
Blood Type (if known)		Normal Blood Pressure Reading (if known)	
Do you have any dietary requirements i.e. Vegetarian, vegan, gluten free? If so please provide FULL details below:			

**Medical History** – Do you have a history of suffering from any of the following conditions (please circle)? If you have answered YES to any of the questions we may require you to get your GP to sign and stamp the reverse of this form. Alternatively we may request further information and/or ask you to sign a medical disclaimer.

Asthma, bronchitis or shortness of breath	Yes / No	Diabetes	Yes / No
Bleeding or other blood disorders	Yes / No	Cancer	Yes / No
Any form of lung disease	Yes / No	Epilepsy, seizures or convulsions	Yes / No
Severe head injury	Yes / No	Drug or alcohol abuse / dependency	Yes / No
Physical or other disability	Yes / No	High/raised blood pressure and/or heart disease including: heart attacks, angina, cardiac or vascular related surgery and irregular heart rates and rhythms	Yes / No
Ulcers or ulcer surgery	Yes / No	Bowel disorder	Yes / No
Arm or leg problems including but not limited to fractures, tendon, ligament or cartilage damage	Yes / No	Are there any other medical issues not covered which are relevant to your well-being on the challenge	Yes / No
Underactive thyroid	Yes / No	Recurring migraine headaches	Yes / No
Overactive thyroid	Yes / No	Recurring back problems/surgery	Yes / No
Hearing loss or problems with balance	Yes / No	Blackouts or fainting	Yes / No
Behavioural or mental health illness including but not limited to depression or psychosis	Yes / No	Do you suffer from any phobias (claustrophobia, heights, water etc.)	Yes / No
Are you pregnant	Yes / No	Any type of hernia	Yes / No
Are you awaiting tests/investigations/results/surgery	Yes / No	Are you suffering from or are a carrier of any infectious disease	Yes / No
Have you been hospitalised within the past two years	Yes / No	Do you suffer from any allergies (nuts, penicillin, sea food, hay fever etc.)	Yes / No

**If you have answered yes to any questions in the Medical History section please provide further information below**

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If you answered yes to the question regarding Asthma please answer the following questions	
Have you ever had an asthma attack? If so how often do you have an attack and when was the last time?	
Have you ever needed hospital treatment for an asthma attack? Did you or do you need to take steroid tablets?	
What medication / inhalers do you currently use and how often?	

**Medication** – please list below any prescription or non-prescription medication you may be taking including the dosage and frequency. Please use **BLOCK CAPITALS** to fill in this section.

Medication		Dosage & Frequency	
Medication		Dosage & Frequency	
Medication		Dosage & Frequency	
Medication		Dosage & Frequency	
Medication		Dosage & Frequency	
Medication		Dosage & Frequency	

**Next of Kin Details** – this must be someone who is not participating in the same challenge

Full Name		Relationship	
Address			
		Post code	
Telephone No		Mobile No	

**Doctor's Authorisation** – this section must be completed if you are 64 years of age or over at time of travel, or we have requested your GP to sign and stamp this section due to the information you have provided above.

I confirm I have read the itinerary of the challenge detailed on this Medical Questionnaire and understand that Global Adventure Challenges will provide experienced personnel to lead the event who are first-aid trained, however the challenge may be a considerable distance from any hospital back up. In addition I have read this medical form and I can confirm that the information given by the participant is correct and no significant information has been withheld. In my opinion, this patient is currently fit and healthy both mentally and physically and able to participate in the challenge.

GP Name		Date	
GP Signature		GMC No	
Practice Tel No		Practice Fax No	
Practice Stamp:			

**Participant Declaration** - It is a condition of joining any Global Adventure Challenge that in cases of emergency the Global Adventure Challenges representative has your authority to arrange any necessary medical or surgical treatments and to sign any required form of consent on your behalf.

I hereby give permission for the Global Adventure Challenges company's medical advisor to discuss medical conditions relevant to this challenge with either my Doctor or hospital specialist.

I also confirm that I will advise my insurer of any 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. If I develop any new medical conditions or experience worsening of existing conditions after returning this form, I agree to inform Global Adventure Challenges immediately.

Print Name		Date	
Signature			

