



## MEDICAL FORM

EXPEDITION DATE (important) \_\_\_\_\_

e-mail address: \_\_\_\_\_

This form does not need to be completed by a doctor. The information is important, so please answer all questions carefully and return the completed form to Earth River Expeditions as soon as possible.

NAME \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PASSPORT # \_\_\_\_\_ COUNTRY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING \_\_\_\_\_

LIST ALL MEDICATIONS CURRENTLY BEING TAKEN AND WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ALL ALLERGIES \_\_\_\_\_

IS THERE A HISTORY OF ALLERGIES TO INSECT STINGS IN YOUR FAMILY?

\_\_\_\_\_ IF YES, WHO AND WHICH INSECT \_\_\_\_\_

IF YOU ARE ALLERGIC, WILL YOU HAVE MEDICATION WITH YOU? \_\_\_\_\_

DATE OF MOST RECENT TETANUS SHOT \_\_\_\_\_

HAVE YOU EVER SUFFERED FROM: (answer Y or N)

ANEMIA \_\_\_\_\_ EPILEPSY \_\_\_\_\_ DIZZINESS \_\_\_\_\_

CHEST PAIN \_\_\_\_\_ APPENDECTOMY \_\_\_\_\_ KIDNEY AILMENT \_\_\_\_\_

SEVERE INFECTION \_\_\_\_\_ SEVERE MENSTRUAL CRAMPS \_\_\_\_\_

JOINT INJURY/DISEASE \_\_\_\_\_ HEAD INJURY W/ UNCONSCIOUSNESS \_\_\_\_\_

DO YOU WEAR CONTACT LENSES? \_\_\_\_\_

BONE INJURY \_\_\_\_\_ FAINTING \_\_\_\_\_ BACK PROBLEMS \_\_\_\_\_

DIABETES \_\_\_\_\_ DIGESTIVE PROBLEMS \_\_\_\_\_ HERNIA \_\_\_\_\_

ARE YOU A VEGETARIAN? \_\_\_\_\_

LIST ANY DIETARY RESTRICTIONS/ PREFERENCES \_\_\_\_\_

ARE YOU A SMOKER \_\_\_\_\_

PLEASE ELABORATE ON THE ABOVE OR ANY OTHER MEDICAL PROBLEMS  
(INCLUDE DATES AND CURRENT CONDITION)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE EXPLAIN YOUR CURRENT EXERCISE ROUTINE, IF ANY: \_\_\_\_\_  
(Please elaborate)