



EXPEDITION DATE (important) \_\_\_\_\_  
e-mail address: \_\_\_\_\_

## MEDICAL FORM

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: \_\_\_\_\_

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

IS THERE A HISTORY OF ALLERIGIES 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 \_\_\_\_\_ BONE INJURY \_\_\_\_\_ FAINTING \_\_\_\_\_

EPILEPSY \_\_\_\_\_ BACK PROBLEMS \_\_\_\_\_ DIABETES \_\_\_\_\_

DIZZINESS \_\_\_\_\_ DIGESTIVE PROBLEMS \_\_\_\_\_ HERNIA \_\_\_\_\_

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

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

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

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

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

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

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

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

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PLEASE EXPLAIN YOUR CURRENT EXERCISE ROUTINE, IF ANY: \_\_\_\_\_

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