

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 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 _____ 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)