



20-29 January 2023

Velindre & Ultimate Travel Company Medical Form

Please read the notes below carefully before you fill in this form

All potential participants on Velindre's Kilimanjaro Trek are required to complete this Medical Form. Dedicated personnel will look at the forms, and may forward details on to our doctor for advice. All information will be treated as strictly confidential.

We request medical information from you in an endeavor to minimise risks to all participants, and for that reason ask that you disclose all your medical history. Velindre Cancer Centre and The Ultimate Travel Company cannot accept any responsibility in the event that you do not fully disclose all relevant details.

We want as many people as possible to take part in, and enjoy Velindre's Kilimanjaro Trek, however, we nevertheless reserve the right to reject your application to participate in this event if recommended to do so by our medical advisor.

The Kilimanjaro Trek is challenging and will require a good level of fitness, strength and endurance. You should check with your doctor to ensure that you are sufficiently fit and healthy to participate. You should also

take into account that medical and other facilities at this destination are likely to be inferior to those in these UK and that some parts of the route will be away from main cities and hospitals, in remote locations.

There will be trained medical personnel on hand who will be able to provide treatment for minor injuries, and first aid support in the event of a more serious injury or medical problem. Should you require more medical attention than can safely be provided on site, the medical officer and staff team will arrange appropriate evacuation and transfer to the nearest, most appropriate, hospital or medical centre.

If you develop any new medical conditions or experience worsening of existing conditions after returning this form, you must inform Velindre Cancer Centre and Ultimate Travel.

If you or your GP have any medical queries you would like to discuss with our Medical Advisor please contact us and we will be happy to arrange this.

PART ONE: to be completed by each participant

Kilimanjaro Trek, 20-29 January 2023

Title (Mr/Mrs/Miss/Ms/Dr) Date of birth Age

Surname Forenames

Address

Tel (day) Tel (eve)

Mobile E-mail

Height (metres) Weight (kg)

Do you have a history of any of the following conditions?

(please tick relevant box)

1. **Raised blood pressure**

YES NO

If yes, please list the dates and values of your last three blood pressure readings:

Date			
BP (mmHg)			

2. **Heart or circulatory failure**

YES NO

Details

3. **Blood clots, in particular DVT (clot in leg) or PE (clot in lung)**

YES NO

Details

4. **Chest or lung disease**

YES NO

Details

5. **Asthma**

YES NO

If yes, have you ever:

Had to be hospitalised

YES NO

If yes when

Had to take steroid tablets

YES NO

6. **Epilepsy**

YES NO

Details

7. **Diabetes**

YES NO

If yes, do you have **type I** or **type II** diabetes

Please list the dates and values of your last three HbA1c readings:

Date			
HbA1c (%)			

8. **Digestive or bowel disorders**

YES NO

Details

9. **Haematological or blood disorders**

YES NO

Details

10. **Cerebral disease e.g. stroke, head injury, tumour**

 YES NO

Details

11. **Past injuries e.g. fractures, sprains**

 YES NO

Details

12. **Operations**

 YES NO

Details

13. **Mental health problems**

 YES NO

Details (including any admission dates, any sections, specific diagnosis)

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14. **Allergies**

 YES NO

Details

15. **Heat illness or cold injury**

 YES NO

Details

16. **Thyroid disease, or other endocrine disorder**

 YES NO

If yes, please give the date and values of your last thyroid function tests:

Date	TSH	T4

Please list any medications you are currently taking:

If you have any other medical condition not disclosed above, please give details here:

Have you had any experience of trekking at altitude?

 YES NO

If yes, please give details of the destination and the height you trekked, and any symptoms of altitude sickness you experienced.

I certify that I have read and understand this medical form. The information I have given is correct. In the event of illness or an accident on the trip, I hereby give permission for the tour operator medical staff to initiate medical treatment, and to notify my next of kin in case of hospitalisation.

Signed Date

I hereby give permission for The Ultimate Travel Company's medical advisor to discuss medical conditions relevant to this challenge with either my GP or hospital specialist.

Signed Date

PART TWO – to be completed by the participant's GP.

The challenge this participant has applied for involves trekking at altitude.

I have read this medical form. The information given by the participant is correct, and no significant medical history contained in the patient's medical records has been withheld.

I confirm that, to my knowledge, the participant has no physical or mental health problems that should preclude them from undertaking this high altitude challenge.

GP signature Date

GP Practice stamp: Tel:



For further details please contact:

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