



Expedition Application Form & Medical Questionnaire

For your safety and wellbeing, it is important that we find out as much as possible about your health and medical history. Please complete the form honestly; your answers will be kept confidential.

Should any of your medical details change after you have completed this form then please inform Mountain Expeditions prior to departure.

Expedition

Departure Date

Please
Attach
Passport
Photo Here

About You

Name	
Date of Birth	
Profession	
Address	
Telephone Number	
Email	
Passport Number	

Your Next of Kin

Name	
Relationship to You	
Address	
Telephone Number	

Insurance Details

Company and Policy number	



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Your Medical History

	Yes	No
Any altitude-related illness		
Allergies		
Chest pain		
Palpitations		
High blood pressure / Hypertension		
Diabetes		
Low blood pressure		
Asthma / Respiratory illness		
Repeated chest infections		
Chronic cough		
Any shortness of breath		
Epilepsy		
Fainting attacks		
Dizziness		
Migraine		
Other headaches		
Snoring / Sleep Apnoea		
Vertigo		
Severe head injury		
Problems with sight		
Problems with hearing		
Fractures, tendon, ligament / cartilage damage		
Back problems		
Physical or other disability		
Psychiatric or mental illness		
Sickle cell anaemia / sickle cell trait or another inherited blood disease		
Carrier for any infectious disease		
Any hospital treatment in the last 2 years		
Any hospital investigations in the last 2 years		
Any other medical condition or problem		



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Your Medical History (Continued)

If you have answered YES to any of the above, please provide additional details below. Continue on a separate sheet if necessary.

Please provide details and dosage of any medicines you are taking

Medicine	Dosage

Do you smoke?	Yes	No
If you have answered YES, please indicate how often		
Please estimate your weekly alcohol intake (units)		

Food requirements

Allergies and Preferences (eg, Vegetarian)	



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Doctor's Signature

If you have a significant pre-existing medical condition or you have received hospital treatment within 2 years of the expedition, you must ask your doctor to sign below confirming that you are fit to undertake the expedition.

I confirm that I have read the itinerary my patient is planning to undertake and declare them medically fit and able to take part.

Signature:	Print Name:
Date:	GMC number:

Declaration

In the event of an accident or illness while on the expedition, I hereby give permission for Mountain Expeditions to initiate medical treatment and to inform my next of kin in case of hospitalisation.

To the best of my knowledge this is a true and accurate description of my medical history and current condition. I understand that I am also responsible for informing Mountain Expeditions of any change in my medical condition which may arise between now and the date of departure.

Signature:	Print Name:
Date:	

Please return this completed form to:

Mountain Expeditions
Gorffwysyfa
Brynrefail
Caernafon
Gwynedd
LL55 3NR

If you have any questions about this expedition or any other Mountain Expeditions challenges please do not hesitate to contact us on +44(0)117 230 2324 or info@mountain-expeditions.co.uk.