Trek Date: Route:

|  |  |
| --- | --- |
| Full Name | Please supply your full name as it appears on your passport |
| Date of Birth: | Please supply your date of birth |
| Passport No.: | Please supply the passport number you will be using to travel to Tanzania |
| Nationality: | Please tell us your nationality |
| Travel Insurance Policy No.: | Please supply your travel insurance policy number |
| Travel Insurance Issuer: | Please supply the issuer of your travel insurance |
| Flight Arrival Info: | Please supply flight number and arrival time |
| Flight Departure Info: | Please supply flight number and departure time |
| Dietry Requirements: | If you have any special dietary requirements please let us know |
| Emergency Contact: | Please supply the name, contact details and relationship of one person that can be contacted in case of an emergency |

It is for your own safety that we find out about your medical history to ensure that you can cope with the demands of the trip safely and without risk to your health. Your answers are treated in the strictest confidence. It is a condition of your registration that you give full and accurate details. If any of these details change you must update us and your travel insurance company. If you tick yes to any of the conditions listed below or have any medical concerns that are not shown below, you are required to provide a doctor’s signature to confirm your medical conditions are as stated.

Please complete this form clearly in BLOCK CAPITALS

Do you suffer from (now or in the past) any of the following? (If neccessary continue on another sheet)

Please provide FULL details including medication used, severity etc

|  |
| --- |
|  |
| 1 | Raised □ Or Low □ blood pressure ? | Yes□ | No□ |  |
| 2 | Heart or circulatory diesease? | Yes□ | No□ |  |
| 3 | Epilepsy / seizures / convulsions? | Yes□ | No□ |  |
| 4 | Psychiatric disorder(s) / depression? | Yes□ | No□ |  |
| 5 | Vertigo / balance disorders? | Yes□ | No□ |  |
| 6 | Fainting or blackouts? | Yes□ | No□ |  |
| 7 | Diabetes? Which type? | Yes□ | No□ |  |
| 8 | Cerebral disease? (e.g. stroke / head injury) | Yes□ | No□ |  |
| 9 | Haematalogical or blood disorders? | Yes□ | No□ |  |
| 10 | Asthma □ / lung conditions □ ? | Yes□ | No□ |  |
| 11 | Digestive or bowel disorders? | Yes□ | No□ |  |
| 12 | Joint or back injuries / problems? | Yes□ | No□ |  |
| 13 | Carrier of infectious diseases? | Yes□ | No□ |  |
| 14 | Registered disabled? | Yes□ | No□ |  |
| 15 | Fractures □ tendon / ligament /cartliage damage□? | Yes□ | No□ |  |
| 16 | Physical disability or other disabilities? | Yes□ | No□ |  |
| 17 | Are you pregnant now? | Yes□ | No□ |  |
| 18 | Migraine? | Yes□ | No□ |  |
| 19 | Allergies? | Yes□ | No□ |  |
| 20 | Hospitalised / surgery in the last 2 years | Yes□ | No□ |  |
| 21 | Obesity (BMI 30 of 30 or above) ? | Yes□ | No□ |  |
| 22 | Awaiting surgery / tests / investigations? | Yes□ | No□ |  |
| 23 | Any illness or condition not mentioned? | Yes□ | No□ |  |
| 24 | Do you take any medication? | Yes□ | No□ |  |

|  |
| --- |
| The following section should be completed by your doctor/physician if you have answered ‘YES’ to any of the questions on the medical form above. The person named above will be participating in an organised trip from 7 to 10 days duration during which time he/she will be subject to a variety of living conditions and daily exertion. The itinerary will involve trekking for up to 8 hours per day for 7 days over some rough terrain, carrying a rucksack between 4-6kg, at altitudes up to 5895m and involving extremes of temperatures and climate. Summit night may involve up to 16 hours trekking through the night/morning. Participants will be camping. Food may be cooked on gas burners. The event is within 24 hours of hospital back up. With the above information and taking into consideration the medical history of the participant if there is any matter which you feel that Kilimanjaro Climbing Company Ltd should be aware, please supply details on a separate sheet. If you require any further details please contact Kilimanjaro Climbing Company Ltd on 07746 40 30 50 or info@kilimanjaroclimbingcompany.com. I have read the above paragraph and agree that the participant’s medical details arecorrect. |
| Doctor’s signature: |
| Doctor’s name (Block capitals please): |
| Date: Practice Address: |