



THE NEPAL TRUST

Working with Health, Community Development and Hope in the 'Hidden Himalayas'

NEPAL TRUST TREK MEDICAL DISCLAIMER

YOUR NAME

TREK NAME **TREK DATE**

Before heading off on a trek it's important that we know about any pre-existing medical conditions you may have. This enables Nepal Trust staff to be aware of your medical background should any medical concerns or emergencies occur.

The following questionnaire is strictly confidential. It will only be known to the person responsible for medical safety on the expedition, as well as the leader of the expedition. Please answer as truthfully as possible. If you answer yes for any of the questions, please give a brief explanation at the end of the form.

This is the generic medical disclaimer form for all Nepal Trust treks. For some treks it may be necessary to issue a specialized disclaimer; in which case that will be issued to you on application.

Treks can be physically demanding.

We strongly advise that you check with your doctor before undertaking a trek!

ALTITUDE SICKNESS	
1. Have you ever experienced altitude sickness?	
CARDIAC	
2. Do you have any pre-existing heart condition including angina or heart failure?	
3. Do you get breathless with exertion?	
4. Do you suffer from chest pain?	
5. Do you ever feel your 'heart beating in your chest'?	
6. Do your ankles swell easily?	
7. Are you on any medication for your heart?	
8. Do you have high blood pressure?	
9. Do you have anaemia (thin blood)?	
10. Have you ever had blood clots, or been on any medicine to 'thin the blood'?	

RESPIRATORY	
11. Do you have asthma?	
12. If so, have you ever been hospitalized for asthma?	
13. What medication do you use for asthma?	
14. Do you smoke? If so, how many a day?	
15. Have you ever been treated for a pneumothorax (puncture lung)?	
16. Do you suffer from any chronic lung disease (emphysema, bronchitis)?	
ABDOMINAL	
17. Do you suffer from gastric or duodenal ulcers?	
18. Do you have any form of liver disease?	
19. Have you ever had Hepatitis?	
20. Do you have any urinary tract disease or kidney problems?	
NEUROLOGICAL	
21. Do you suffer from headaches/ migraine/ cluster headaches?	
22. Have you had a stroke or any type of cerebro-vascular accident?	
23. Do you suffer from epilepsy or any form of seizures? If so, what medication are you on?	
24. Do you suffer from any type of general muscle weakness?	
25. Do you have any psychiatric concerns including clinical depression, or psychosis?	
ENDOCRINE	
26. Do you have diabetes? If so what medications do you require?	
27. Do you have any thyroid illness?	
CONNECTIVE TISSUE AND SKELETAL	
28. Do you have any connective tissue disorders (SLE, Rheumatoid arthritis, Dermatomyositis)	
29. Do you suffer from recurrent joint pains?	
30. Do you have any skeletal abnormalities (including weak knees and ankles)?	
DERMATOLOGICAL	
31. Do you suffer from any chronic skin conditions?	

ALLERGIES		
32.	Are you allergic to any medication? (Including, but not limited to: penicillins, sulphur or sulphur containing products, iodine or betadine.)	
33.	Have you ever had an anaphylactic reaction? (Severe allergic reaction requiring hospitalization.)	
GENERAL		
34.	Are you currently on any medication?	
35.	Are there any concerns you would like to highlight in order to make your trip safer?	
STATEMENT		
I have answered the above questionnaire to the best of my ability. While recognizing that the Nepal Trust has taken every effort to ensure health and safety on this expedition, I will not hold the Nepal Trust responsible for any medical concern or emergency that may arise.		
Signature:	Print name:	Date:
In case of emergency Contact name:		Tel:
Insurance details Company:	Policy no:	Tel:

FURTHER INFORMATION	
If you've answered yes to any of the above questions, or if there is anything else that we need to be aware of, please comment below, indicating the question number.	
Qu.	Comment

Qu.	Comment

MANY THANKS, HAVE A GREAT AND SAFE TRIP!