



# WORLD EXPERIENCES MEDICAL QUESTIONNAIRE

Please complete this questionnaire carefully. It is very important that we find out as much as possible about your medical history, to ensure your safety on the challenge. We will treat your questionnaire with the strictest confidence. We will attempt to accommodate everybody on the trek but do reserve the right to refuse entry on medical grounds if we feel your safety and/or that of the group may be compromised. Any decisions will be made in consultation with you. \* Please use BLOCK CAPITALS.

**If you are taking part in an event at altitude (i.e. Kilimanjaro, Everest or Peru) it is COMPULSORY that your GP signs this form – unfortunately your place on the event cannot be confirmed without a doctor's signature.**

Title  Surname  Forename  Date of Birth

Age  Height  Weight  Name of BHF World Experience

Do you suffer or have you ever suffered from	yes	no		yes	no
Heart trouble and/or blood pressure problems?	<input type="checkbox"/>	<input type="checkbox"/>	Physical or other disability?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, bronchitis and/or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric or mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Have you been hospitalised within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy and/or fainting attacks?	<input type="checkbox"/>	<input type="checkbox"/>	Are you suffering from or a carrier of any infectious diseases?	<input type="checkbox"/>	<input type="checkbox"/>
Migraine?	<input type="checkbox"/>	<input type="checkbox"/>	Are you registered as disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Severe head injury?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any skin wounds or ulcers?	<input type="checkbox"/>	<input type="checkbox"/>
Back problems?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any problems with sight, hearing or other senses?	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (e.g. nuts/penicillin/wasp or bee stings/shellfish)?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other on-going or past medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Fractures, tendon, ligament/cartilage damage?	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer from vertigo?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **yes** to any of the above questions, please give further details below or on a separate sheet:

\_\_\_\_\_

If you said **yes** to the question about **Asthma**, please answer the following questions:

i) When was the last time you needed hospital treatment?

\_\_\_\_\_

ii) When was the last time you needed steroid tablets?

\_\_\_\_\_

iii) What medication/inhalers do you use?

Do you currently take any form of medication? If so, please give details below (please bring supplies for the length of the trip plus spares):-

I understand and agree that my personal data may be processed and/or transferred outside the European Economic Area in order for the full and proper performance of the World Experience contract. I understand that British Heart Foundation will only transfer personal data to the extent required.

I hereby give the permission for the BHF or other expedition staff to initiate medical treatment and to inform my next of kin (as given on my registration form) if I go to hospital while on the trip. To the best of my knowledge this is a true and accurate description of my medical history and current condition.

Signed  Date

**If you are over 60 OR have answered YES to any of the questions on the form OR taking part in an event at altitude, this section must be completed by your doctor who has access to your medical history.**

The above named person will be participating in a strenuous challenge. They may be trekking/cycling for approximately 8 hours a day over rough terrain, in extremes of temperature, climate and altitude. The participant may be camping with basic facilities such as long drop toilets, primitive washing facilities and living under canvas. The food may be cooked over open fires or gas burners. The tour operator the British Heart Foundation is acting as agent for will provide a western-qualified, English-speaking doctor for each trip to give immediate medical assistance at all times. However, it must be noted that the event may be a considerable distance from any hospital back up.

With the above information, if there is any matter that you feel the British Heart Foundation should be aware of, please supply details on a separate sheet. If you need any further information please call the Events Team on 020 7554 0301.

**I have read the above paragraph and agree that the participant's medical details are correct. In my opinion this patient is fit and healthy, both mentally and physically, and I know of no reason why this person should not be able to participate in the event.**

Doctor's signature  Date  Doctor's name (Block capitals please)

Address  GMC Number