

## MEDICAL QUESTIONNAIRE

Please complete this questionnaire and return it with your registration form and fee. It is for your own safety that we find out as much as possible about your medical history. This will ensure that you can cope with the rigours of the event. All your answers will be treated in the strictest confidence and will not necessarily adversely affect your chance to take part. We will attempt to accommodate everybody, but do reserve the right to refuse participation on medical grounds if we feel your safety, and that of the group, may be compromised. Any decision made will be in consultation with you and your GP.

**Should any of your medical details change after you have completed this form then you must inform us. Failure to divulge the full details of any medical condition from which you suffer will invalidate your insurance which can result in bills of many thousands of pounds.**

Please use BLOCK CAPITALS

### 1. Personal details

Name			
Date of birth		Age	
Daytime phone number		Evening phone number	
Name of your GP		Your GP's phone number	
Event name	Sponsored Arctic Dog Sledge Level 1: Norway		

### 2. Do you suffer or have you ever suffered from:

Vertigo?	YES/NO
Heart trouble and/or blood pressure problems?	YES/NO
Asthma, bronchitis and/or shortness of breath?	YES/NO
Diabetes?	YES/NO
Epilepsy and/or fainting attacks?	YES/NO
Migraine?	YES/NO
Severe head injury?	YES/NO
Back problems?	YES/NO
Allergies?	YES/NO
Fractures, tendon, ligament/cartilage damage?	YES/NO
Physical or other disability?	YES/NO
Psychiatric or mental illness?	YES/NO
Have you attended hospital for <b>any</b> investigations/treatment in the last two years?	YES/NO
Are you suffering from or a carrier of any infectious diseases?	YES/NO
Are you registered as disabled?	YES/NO
Are you pregnant?	YES/NO
Do you smoke?	YES/NO
Do you suffer from any other conditions that are not stated above?	YES/NO

### 3. If you have answered yes to any of the above questions, please give further details below (use a separate sheet if required)

**4. Have you ever suffered from Asthma (please tick)?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you answered yes to question 4,

**a) When was the last time you needed hospital treatment?**

**b) When was the last time you needed steroid tablets?**

**c) What medication/inhalers do you use?**

**5. Do you currently use any form of medication regularly (please tick)?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**6. If yes, please give details below:**

**NEXT OF KIN (Please write clearly in capital letters giving full name, address & telephone numbers)**

Name	
Address	
Daytime phone number	
Evening phone number	
Mobile number	
Relationship	

***In the event of an accident of illness while on the trip, I hereby give permission for Across the Divide Ltd medical or expedition staff 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 Across the Divide of any change in my medical condition, including pregnancy, which may arise between now and the departure date. I understand that failure to do so will invalidate my insurance.***

***Participants must agree to inform Across the Divide of any medical or other condition that might affect their ability to take part in the event.***

Signature		Date	
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***Please return this form with your application.***

**TO BE COMPLETED BY THE FAMILY DOCTOR/PHYSICIAN WHO HAS ACCESS TO THE PATIENT'S MEDICAL HISTORY.**

*This section ONLY needs to be completed if you are over 60 OR have answered 'YES' to any of the questions on the medical form (except smoking).*

The above named person will be participating in a charity fundraising event lasting 7 days, during which time he/she will be subject to basic living conditions. Physical activity will involve dog sledging (including running alongside the sledge) for approximately eight hours per day in extreme cold conditions. Temperatures could fall as low as -30 degrees C.

Participants will only have access to basic facilities. The company organising the event (Across the Divide Limited) provides at least one suitably qualified doctor for each trip to provide emergency first aid/medical care and to ensure high hygiene standards are taught and maintained. The event area is likely to be a considerable distance from any hospital/medical back up.

Based on the above information, if there are any matters that you feel Across the Divide should be made aware of, please supply these on a separate sheet. If you require any further details please call Across the Divide on 01460 30456.

I have read the participant's medical questionnaire and agree that the details are correct. In my opinion this patient is in a fit mental and physical state and capable of participating in the event described above.

Doctor's signature		Date	
Doctor's name (BLOCK CAPITALS PLEASE)			
Address	Practice stamp and GMC number		
Telephone number			