

## Pre-Expedition Medical Questionnaire

Gathering medical information from expedition participants enables expedition organisers to prepare a suitable medical kit for the group and helps to guide medical decisions during the trip. Please read through the whole form before you start completing it. The information you provide will be kept confidentially by the medical team and the expedition company. Please answer honestly and fully to help me do the best job I can as your expedition doctor. After reading your answers to the questions I may need to discuss some things in more detail with you so I will contact you if this is the case.

If you have any pre-existing medical conditions please discuss and make a self-management plan with your GP, Specialist Nurse or Consultant and bring a letter with details of this. For example it may be a good idea for you to bring 'standby' medication such as prednisolone in case of an asthma exacerbation.

It is always better to discuss any questions or concerns in advance of the expedition to ensure the good preparation is made for the best chances of good health and success on the trip. If you have any medical or expedition health related queries please don't hesitate to contact me to discuss them. Please note that failure to disclose a medical condition can invalidate your insurance and prevent evacuation and repatriation.

Many thanks, Dr Hannah Lock, Expedition Doctor. Email: [drhannahlock@gmail.com](mailto:drhannahlock@gmail.com)

Name	
Date of Birth	
Contact telephone number	
Next of kin name, telephone number and relationship to you	
GP details	
Occupation	
Height	
Weight	
Please give details of your general fitness e.g. weekly or monthly exercise and activity. Include any specific training you have done for this expedition.	
Briefly describe your previous travel and trekking experience.	
Briefly describe your previous experience at high altitude; including details of any altitude illness you have experienced e.g. Acute Mountain Sickness (AMS), High Altitude Pulmonary Oedema (HAPE), High Altitude Cerebral Oedema (HACE).	
Do you plan to take Acetazolamide (Diamox) on this trip? – Please contact me to discuss this if you are unsure or would like more information.	
If applicable, please give details of any previous cold related injuries e.g. hypothermia, frostbite, severe Raynaud's?	

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Do you have any current medical problems or injuries? Please give details including any medical investigations you are currently having or waiting for.	
Have you ever had any medical problems in the past? Please include details of: heart/vessel problems (e.g. high blood pressure, angina, heart attack, deep vein thrombosis), lung problems (e.g. asthma, COPD, pneumothorax), abdominal problems (e.g. stomach ulcers, inflammatory bowel disease, liver problems, stomach ulcers, kidney problems), brain/nerve problems (e.g. epilepsy, migraine), endocrine problems (e.g. diabetes, thyroid problems).	
Please name any previous operations you have had, with dates.	
Do you have any significant infectious diseases such as HIV, Hepatitis B or TB?	
Do you currently have or have you ever had a mental illness such as depression, anxiety, eating disorders, suicide attempts, bipolar, psychotic episodes or schizophrenia? If so please give details of your diagnosis, treatment and whether you have ever been admitted to a psychiatric hospital?	
What is your blood group, if known?	
Do you take any regular medications? If so, please include names of medication on prescription, contraception and over the counter.	
Please give details of your vaccination history including dates. E.g. Diphtheria, Polio, Tetanus, Hepatitis A, Hepatitis B, Tuberculosis (BCG), Typhoid, Measles, Mumps, Rubella, Meningococcal Meningitis, Yellow Fever, Rabies, Japanese Encephalitis	
Do you wear contact lenses, or have you ever had laser eye surgery?	
Do you have any on-going dental problems?	
Do you have any allergies? If so, have you ever needed hospital treatment e.g. for anaphylaxis?	
Do you smoke, or have you ever smoked? If so, please state how many cigarettes per day for how long.	
Do you drink alcohol, if so, how much per week?	
Do you use any other drugs or substances e.g. cannabis or cocaine?	
If applicable – are you pregnant or planning a pregnancy at the time of travel?	
Do you have any objections to any type of medical treatment such as blood transfusion?	