



MEDICAL QUESTIONNAIRE

Please complete this questionnaire. Your answers will be treated in the strictest confidence and will not adversely affect your chances of participating in your chosen trip.

If you answered YES to any of the questions in section A, are in any doubt concerning your health, or over 64 years of age you MUST consult your doctor and have the trip itinerary signed confirming you are well enough to participate in your chosen challenge.

Name

Date of birth

A Are you taking any medication? Yes / No

Have you been hospitalised within the past two years? Yes / No

Are you suffering from or are a carrier of any infectious disease? Yes / No

Are you registered disabled? Yes / No

What blood type are you (if known)

Do you have a history of the following...

Asthma or wheezing (with breathing or exercise) Yes / No

Severe attacks of hayfever/allergy Yes / No

Any form of lung disease Yes / No

Cancer Yes / No

Chest surgery Yes / No

Claustrophobia or agoraphobia Yes / No

Behavioural health problems Yes / No

Epilepsy, seizures or convulsions Yes / No

Recurring migraine headaches Yes / No

Blackouts or fainting Yes / No

Motion sickness Yes / No

Recurring back problems/surgery Yes / No

Diabetes Yes / No

Arm or leg problems Yes / No

High blood pressure Yes / No

Low blood pressure Yes / No

Any heart disease/heart attacks Yes / No

Angina/heart surgery or blood vessel surgery Yes / No

Hearing loss or problems with balance Yes / No

Bleeding or other blood disorders Yes / No

Any type of hernia Yes / No

Ulcers or ulcer surgery Yes / No

Bowel disorder Yes / No

Drug or alcohol abuse Yes / No

Are you awaiting tests/investigations/results/surgery? Yes / No

Do you take prescription medicine? Yes / No

Are you pregnant? Yes / No

Do you suffer from any phobias (heights, water etc)? Yes / No

Do you smoke? Yes / No

Are there any other medical issues which are relevant to your wellbeing on the Challenge: Yes / No

B If you have answered YES to any of the above please give details below:

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If you require a copy of the relevant trip itinerary for your Doctor to sign please contact Greenrock.
Do you have any dietary requirements eg vegetarian, vegan? If so please provide FULL details

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C Next of Kin

Full Name
Relationship
Full address
.....
.....
.....
Postcode
Telephone number daytime evening
Mobile

Medical Treatment

It is a condition of joining any Greenrock trip that in cases of emergency the Greenrock representative has your authority to arrange any necessary medical or surgical treatments and to sign any required consent form on your behalf.

I understand that the trip will involve strenuous activity. Before departure of the expedition, if i have any concerns regarding my physical fitness or heath, I will consult my GP immediately. To the best of my knowledge this is an accurate description of my medical history and current fitness.

Signed
Date

**Please return this completed form to:
Greenrock Ltd, 6 The Hangar, Perseverance Works, London E2 8DD, UK**