

# MEDICAL FORM

Please attach 2  
passport size recent  
photos of yourself

NAME: \_\_\_\_\_ EXPEDITION: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SEX: \_\_\_\_\_ CONTACT TELEPHONE: \_\_\_\_\_

## EXPEDITION INFORMATION

Blizzard Expeditions are multi-day expeditions operating in remote areas where evacuation to modern medical facilities may take days. Weather conditions can be extreme with temperatures capable of dropping to as low as  $-40^{\circ}\text{C}$ . Prolonged storms, high winds, intense sunlight, rain, snow, sudden immersion in cold water and/or high seas and other hostile environments are possible.

Whilst participating in a Blizzard Expedition you may experience long hard days and contribute an equal share of meal preparation and sailing watch time. You will be expected to take good care of yourself.

In the interest of the safety of yourself and other expedition members, please carefully consider the above description along with the specific description of the expedition you are applying for when completing this medical form. A 'YES' answer does not necessarily preclude your involvement with the expedition, but it is important that we have all the information. If we have any concerns about your capacity to successfully complete the expedition we will call you to discuss it.

Please circle YES or NO for each item. Every question must be answered.

**GENERAL MEDICAL HISTORY**

Do you currently have or do you have a history of:

- |  |         |    |
|--|---------|----|
| 1. Respiratory problems? Asthma?   | 1. YES  | NO |
| 2. Gastrointestinal disturbances?  | 2. YES  | NO |
| 3. Diabetes?   | 3. YES  | NO |
| 4. Hypertension?   | 4. YES  | NO |
| 5. Bleeding or blood disorders?  | 5. YES  | NO |
| 6. Hepatitis or other liver disease?   | 6. YES  | NO |
| 7. Neurological problems? Epilepsy?  | 7. YES  | NO |
| 8. Seizures?   | 8. YES  | NO |
| 9. Dizziness or fainting episodes?   | 9. YES  | NO |
| 10. Treatment or medication for menstrual cramps?  | 10. YES | NO |
| 11. Disorders of the urinary or reproductive tract?  | 11. YES | NO |
| 12. Cardiac problems?  | 12. YES | NO |
| 13. Are you pregnant?  | 13. YES | NO |
| 14. High blood pressure?   | 14. YES | NO |
| 15. Do you have any other health complaint? _____  | 15. YES | NO |
| 16. Do you see a Medical/Physical specialist of any kind?  | 16. YES | NO |
| 17. Are you currently in or do you have a history of treatment or counselling with a mental health professional? | 17. YES | NO |
| 18. Are you a smoker? If YES state how much below.   | 18. YES | NO |
| 19. History of frostbite or Acute Mountain Sickness?   | 19. YES | NO |

If you have answered YES to any of the questions on the previous page please give more details:

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**CARDIAC SCREENING**

Applicants over 35 years of age with two or more of the following risk factors and all applicants over 50 years of age regardless of risk factors must provide a letter from their primary care physician approving their cardiac health for participation in the Blizzard Expedition as described on this form and on the expedition description.

**Risk factors:**

- High blood pressure
- Diabetes
- Current or prior cardio vascular disease
- High blood cholesterol
- Obesity
- Smoking
- A family history of cardiac disease
- Unexplained chest pain, palpitations or shortness of breath

**MUSCULAR / SKELETAL INJURIES**

Do you currently have or do you have a history of:

20. Knee, hip, ankle, shoulder, arm or back injuries and/or operations      20. YES      NO

If you have answered YES please give more details:

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ALLERGIES / MEDICATIONS

21. Do you have any allergies including insect bites and bee stings? 21. YES NO

22. Are you allergic to any medications? 22. YES NO

If you have answered YES to either of the above please give more details:

Horizontal lines for providing details for question 21 and 22.

23. Are you currently taking any medications? 23. YES NO

If you have answered YES then please fill out the details below:

Table with 3 columns: MEDICATION, DOSAGE (Amount/Frequency), and SIDE EFFECTS / RESTRICTIONS. It contains 4 empty rows for data entry.

FITNESS

24. Do you exercise regularly? 24. YES NO

If you have answered YES please give more details:

Horizontal lines for providing details for question 24.

25. Can you swim? (please circle one option)

NON-SWIMMER

RECREATIONAL SWIMMER

COMPETITIVE SWIMMER

26. Is there anything else you feel we should know regarding your health and fitness that has not already been covered in the questions above? 24. YES NO

If you have answered YES please give more details:

Four horizontal lines for providing details.

IMMUNISATIONS

Blizzard Expeditions recommend a Tetanus immunisation within 10 years of the start date of the expedition. Expeditions may visit countries that require additional immunisations you should check with your doctor what is required.

The information provided above is a complete and accurate statement of any physical and psychological conditions which may affect my participation in this expedition. I realise that failure to disclose such information could result in serious harm to myself and fellow expeditioners. I agree to inform Blizzard Expeditions should there be any change in my health status prior to the start of the expedition. On the basis of the background information at the beginning of this form, and what I know or suspect about my physical and psychological health, I am fully capable of participating in this Blizzard Expedition.

EXPEDITIONER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_