

# MEDICAL INFORMATION FORM



You must complete this Medical Information Form in full before we will accept your booking.

**How we use the information:**

Your answers will provide our medical officers with essential information to make any necessary or special preparations and to provide you with the best medical care as is possible in Antarctica if required. To this end, if you answer "Yes" to any question please give the fullest possible details.

**Who sees the information:**

Our administrative staff will receive and forward your information to the ALE Medical Director for review.

All information received is confidential and securely stored. However, any or all of it may be shared with your guide, other company personnel or third parties, if this is deemed necessary for your or others' safety and well-being.

<b>Family or Surname:</b> _____	<b>Given Names:</b> _____
<b>Experience Name:</b> _____	<b>Experience Date (Day/Month/Year):</b> _____ / _____ / _____
<b>Your Height (cm):</b> _____	<b>Weight (kg):</b> _____
<b>Date of Birth (Day/Month/Year):</b> _____ / _____ / _____	<b>Age:</b> _____
<b>Sex (Male/Female):</b> _____	

## PAST MEDICAL CONDITIONS

Have you at any time had any significant medical, surgical or mental health conditions? **NO** **YES**

**If YES, please give details.**

## PRESENT MEDICAL CONDITIONS

Do you have any physical or mental health conditions requiring treatment or medical supervision? **NO** **YES**

**If YES, please give details.**

Have you undergone any surgical procedures in the last year? **NO** **YES**

**If YES, please give details.**

Have you had any hospital investigations or treatment in the last year? NO YES

**If YES, please give details.**

## MEDICATION

Are you taking any drugs or medications, whether prescribed by a physician or not? This includes anti-coagulants (blood thinning drugs) or chemotherapy? NO YES

Drug (Chemical Name)

Dose

Reason

## ALLERGIES – FOOD

Do you have any allergies to food? NO YES

**If YES to the above, please give details.**

To what are you allergic?\_\_\_\_\_

What symptoms do you have? (eg. lip/mouth/throat swelling, breathlessness, rash)

Have you ever been hospitalized for an allergic reaction? NO YES

Have you been advised to carry adrenaline (epinephrine)? NO YES

Have you ever received an adrenaline (epinephrine) injection? NO YES

## ALLERGIES – MEDICATIONS AND OTHER

Do you have any allergies to medication or drugs? NO YES

Do you have any allergies to anything else? (e.g. latex) NO YES

**If YES to either of the above, please give details.**

To what are you allergic?\_\_\_\_\_

What symptoms do you have? (eg. lip/mouth/throat swelling, breathlessness, rash)

Have you ever been hospitalized for an allergic reaction? NO YES

Have you been advised to carry adrenaline (epinephrine)? NO YES

Have you ever received an adrenaline (epinephrine) injection? NO YES

## DAILY LIVING

Do you have any physical limitations or disabilities? NO YES

Do you use any artificial aids? (e.g. wheelchair, stick, prosthetic) NO YES

Do you have any special personal hygiene or toilet requirements? NO YES

Are there any daily living tasks that you are unable to perform? NO YES

**If YES to any of the above, please give full details.**

**Do you have, or have you ever had:**

Angina (Heart)	NO	YES	Thyroid Disease	NO	YES
Myocardial Infarct (Heart Attack)	NO	YES	Bleeding Disorders	NO	YES
High Blood Pressure	NO	YES	Depression	NO	YES
Other Heart Disease	NO	YES	Other Mental Health Condition	NO	YES
Cardiovascular Accident (Stroke)	NO	YES	Alcohol- or Drug-Related Problems	NO	YES
Transient Ischaemic Attack	NO	YES	Cancer	NO	YES
Peripheral Vascular Disease	NO	YES	Altitude Illness	NO	YES
Asthma	NO	YES	Back Problems	NO	YES
Epilepsy	NO	YES			

**If YES to any of the above, please give full details (continue on extra pages if necessary).**

The following sections are for different experiences.  
You need only complete the relevant section for your particular experience.

## SOUTH POLE FLIGHTS, EMPEROR PENGUINS & ANTARCTIC ODYSSEY EXPERIENCES

Do you have difficulty or get out of breath climbing 20 steps?	NO	YES
Do you have difficulty climbing a step-ladder?	NO	YES
Do you have any difficulties getting dressed or tying boot laces?	NO	YES
Do you have difficulty walking over uneven ground?	NO	YES
Do you have any difficulty crawling on hands and knees?	NO	YES

**If YES to any of the above, please give full details (continue on extra pages if necessary).**

Do you do any regular physical activity?	NO	YES
Have you ever slept in a mountain tent before?	NO	YES
What is the highest altitude you have ever been to? _____ In what year? _____		
How far can you comfortably walk on level ground without stopping? _____		

# ALL CLIMBING, SKIING, SKYDIVING, & RUNNING EXPERIENCES & ALL EXPEDITIONS

## ALTITUDE

What is the highest altitude you have ever climbed to? \_\_\_\_\_ In what year? \_\_\_\_\_

What is the highest altitude you have climbed to in the **past 3 years?** \_\_\_\_\_

Do you intend to use Diamox (acetazolamide), e.g. on your ascent? NO YES

Have you ever had altitude illness (Acute Mountain Sickness/  
High Altitude Pulmonary Edema/High Altitude Cerebral Edema)? NO YES

### If YES, please give full details.

At what altitude did you become ill? \_\_\_\_\_

Did you take or receive any drugs or other medical treatment? NO YES

### If yes please give details.

Did you need to descend? NO YES

If YES, how far did you descend until you recovered? \_\_\_\_\_

## COLD INJURY

Have you ever had frostbite or other cold injury? NO YES

### If YES, please give full details.

When did this occur? \_\_\_\_\_

Where were you? \_\_\_\_\_

If on a mountain, what elevation were you at? \_\_\_\_\_

Which part of the body was affected? \_\_\_\_\_

What treatment was received? \_\_\_\_\_

Did you suffer any tissue loss? NO YES

Did you have any other lasting effects? NO YES

### If YES to either of the above, please give full details.

## FOR ALL EXPERIENCES & ALL EXPEDITIONS

If you have any medical issues that may affect your fitness to participate you are advised to seek advice from your own physician. The ALE Medical Director is freely available to discuss any issues you have concerning your health in Antarctica.

### Details of your personal physician

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Phone:** + \_\_\_\_\_ (Please give country code)

**Fax:** + \_\_\_\_\_

**Email:** \_\_\_\_\_

### Please sign below. Your signature confirms:

- that you have read your experience guidelines and are fit to undertake your chosen expedition;
- that you have provided accurate and complete information;
- your consent for ALE to seek further medical information from your personal physician;
- that you will inform ALE of any change in your medical details prior to the start of your experience;
- that you agree to undergo a medical examination if required by ALE either before or during your experience; and
- the right of ALE to adapt or curtail your experience due to medical circumstances.

**Guest Medical Report (GMR):** ALE's Medical Director may send a follow up letter to your personal physician in the event that more information is necessary. The Report from your physician is intended to involve him/her in our medical process and confirm that your chosen experience is best suited to your current health conditions. Our goal is to identify any medical concerns early so we can ensure you have a safe and enjoyable experience while in Antarctica.

**Medical consultations** with an ALE doctor remain strictly confidential. However, in exceptional circumstances only, information from these may be shared with your guide, other company personnel or third parties, and your signature confirms your consent to this.

**SIGNED:**

\_\_\_\_\_

**DATE:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent or Guardian must also sign this form if participant is under age of majority. (18 years in most countries.)

**SIGNED:**

\_\_\_\_\_

**DATE:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_