CONFIDENTIAL

MEDICAL INFORMATION FORM

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

If this MIF is completed prior to June 1, 2021, we will give you provisional medical approval on the basis of the information provided in this MIF (and Guest Medical Report if applicable), but you will be required to reconfirm the details and advise ALE of any changes to your MIF at least 90 days prior to departure. Any significant medical changes may require you to seek a second Guest Medical Report and final medical approval will be dependent on this report.

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.

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.

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.

Family or Surname: _____

Given Names: _____

Experience Name: _____

Experience Date (Day/Month/Year): 1 January

Your Height (cm): _____

Weight (kg): _____

Date of Birth (Day/Month/Year): 1 January

Age: _____

Sex (Male/Female): _____

CORONAVIRUS (ALSO KNOWN AS COVID-19 OR SARS-COV-2)

Have you at any time had a positive test for coronavirus?	NO ☐	YES ☐
If YES to the above, when? 1 January		
Was this test:		
an oral or throat swab	NO ☐	YES ☐
a saliva test	NO ☐	YES ☐
a blood test	NO ☐	YES ☐
Have you received hospital treatment for COVID-19?	NO ☐	YES ☐

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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: _____

SIGNATURES

Please sign below. Your signature confirms:

- that you have read your experience guidelines and are fit to undertake your chosen experience;
- 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.

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: 1 January _____

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

SIGNED: _____

DATE: 1 January _____

TO BE COMPLETED AFTER JUNE 1, 2021

○	I certify that the details provided on my original MIF are still accurate and unchanged.
○	I have made changes to this form.

SIGNED: _____

DATE: 1 January _____

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

SIGNED: _____

DATE: 1 January _____