

CONFIDENTIAL MEDICAL FORM

GENERAL INFORMATION

The information you provide to Adventure Alternative Nepal in this form will be kept in the strictest confidence, and will be used only to the extent necessary to provide emergency medical care and/or evaluate fitness for travel. Please take into consideration that this may include transmitting your data to some medical institution in Nepal.

Who should complete this form?

Everybody travelling with Adventure Alternative Nepal must complete sections "A", "B", and "C". If you have indicated that you have a pre-existing medical condition you are required to complete section "D" also. The more information Adventure Alternative Nepal has, the more we can assist in the unlikely event of an emergency or provide other medical assistance.

A medical consultation is strongly recommended before embarking on any adventure travel. Please ensure that you have confirmed with a medical professional that you are medically fit to join the travel you have booked.

Why do you need to complete this form?

Some of our expeditions travel to remote areas where limited or no sophisticated medical facilities exist. A medical emergency situation is extremely unlikely; however should it happen we are armed with the necessary information to help you.

Generally, our expeditions are intended for travelers in reasonably good health for their safety, along with that of their fellow travelers.

You must provide complete, accurate, and up-to-date information on this form in order to allow Adventure Alternative Nepal to safely accommodate you in Nepal. Adventure Alternative Nepal reserves the right to deny guiding to any client who is unable to support such effort. If you do not disclose a condition, infirmity or injury and are subsequently deemed to be unfit for expedition travel due in whole or in part to such condition or injury, Adventure Alternative Nepal shall have the right to remove you from the expedition with no refund or compensation payable.

If there are any changes to your physical/medical condition or otherwise to your responses below after submission of the form, you must notify Adventure Alternative Nepal immediately of that change. If the information contained on this form is found to not be accurate as of your date of travel and you have not provide Adventure Alternative Nepal with notice of such change, you may not be allowed to take part of the trip with no refund or compensation payable.

What happens if you don't complete this form?

In the event you have made a booking with Adventure Alternative Nepal and subsequently are unable or refuse to complete this medical form for any reason by the final payment date, Adventure Alternative Nepal reserves the right to consider your booking cancelled as of that day and applicable cancellation penalties will apply.

How do I complete this form?

It is very important that you complete this form truthfully. In the event of an emergency, the information you have provided could be crucial.

All travelers must complete, and return sections "A", "B", "C" by email to nepal@adventurealternative.com. If travelers answer yes to any questions in section "B", then proceed to section "D". Part 1 of section "D" must be completed by yourself, and Part 2 given to your medical practitioner to complete on your behalf. Each of you then sign and return the entire document by email to nepal@adventurealternative.com

SECTION A – GENERAL INFORMATION

First Name: Last Name:

Trek / Expedition Name: Departure Date:

SECTION B – MEDICAL INFORMATION

1. During the last 5 years, have you suffered from any significant illness, been hospitalized or required regular care by a doctor? ☐ Yes ☐ No

If YES, please indicate reason: _____

2. Have you ever had any of the following?
- a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems? ☐ Yes ☐ No
 - b) Asthma affects my everyday activities and/or I use medication or an inhaler regularly? ☐ Yes ☐ No
 - c) High blood pressure, heart or respiratory problems, or rheumatic fever? ☐ Yes ☐ No
 - d) Gout or arthritis or any back, leg or foot problems? ☐ Yes ☐ No
 - e) Gastric or duodenal ulcer, colitis or intestinal trouble? ☐ Yes ☐ No
 - f) Epilepsy or fits of any kind? ☐ Yes ☐ No
 - g) Kidney or bladder disease? ☐ Yes ☐ No
 - h) Diabetes, cancer or tumor of any kind? ☐ Yes ☐ No
3. Do you have any physical limitations, handicaps or prosthesis? Do you have difficulty with walking or use a device for mobility assistance such as crutches, canes or wheelchair? ☐ Yes ☐ No

If YES, please specify: _____

4. Do you take medication or drugs related to a pre-existing medical condition? ☐ Yes ☐ No
5. Do you have any allergies, or reactions to any **food, medication, or drugs**? ☐ Yes ☐ No

If YES, please specify: _____

6. Are you pregnant? ☐ Yes ☐ No

If YES, how many weeks pregnant will you be at the time of travel? _____

7. Are you affected by any other pre-existing medical conditions not listed above? ☐ Yes ☐ No

If YES, please specify: _____

SECTION C – To be completed by all travellers

Date of birth:

Emergency contact name:

Emergency contact phone:

Insurance Provider:

.....

Insurance contact phone:

Insurance policy number:

I attest I am in good general health, and capable of performing normal activities on this expedition. I further attest that I am capable of caring for myself during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others. I understand that this expedition might take me far from the nearest medical facility and that all expedition members must be self-sufficient. With that understanding, I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create a hazard to myself or other members of the expedition. I agree that should there be any change to the information I have given herein or to my physical or medical condition that I will notify Adventure Alternative Nepal and, if requested, provide an up-to-date version of this completed form. I agree that any failure to provide full and complete medical information to Adventure Alternative Nepal may result in the cancellation of my booking without further compensation payable to me for any loss.

I declare the answers to the above questions are true and complete. I agree to this information being made available to Adventure Alternative Nepal.

Signature _____ Date _____

SECTION D – MEDICAL PRACTITIONER FORM

If you indicated “YES” to any question in section “B” except n° 5 concerning allergies, then please complete this section. Part 1 must be completed by yourself, and Part 1 given to your licensed physician for completion. At the bottom of the document, both yourself, and the physician must sign the document. Once completed, please return a signed copy to us.

Part 1 – to be completed by you

First Name _____ Last Name _____

Name of expedition _____

Part 2 – to be completed by a licensed physician

Our trips are intended for travelers in reasonably good health without potential underlying life threatening illnesses that may require urgent medical attention of this level.

Name of Physician _____

Phone Number _____ e-mail _____

Office Address _____

Please list any current medical conditions, infirmities, disabilities or physical limitations

I have read the trip details and am familiar with both the physical demands, and the remote locations of this trip, and the fact this tours may travel far away from the nearest medical facilities. With this knowledge, I have considered the suitability of this travel, and to the best of my knowledge believe this person to be physically and psychology fit to undertake this trip.

I further declare the answers provided above to be accurate, complete and truthful.

Physician signature _____ Patient signature _____

Date _____ Date _____

**** Please return this form by e-mail to nepal@adventurealternative.com**