

**Personal Medical Questionnaire**

The answers you supply in this questionnaire will be treated in complete confidence. Any pre existing medical conditions should be divulged in order to enable us to respond appropriately in emergencies and also plan ahead and have the appropriate emergency medications on hand or identify the nearest appropriate facility which can manage your condition should it be necessary. The existence of a medical condition or injury will not necessarily preclude you from joining the trip, providing it is currently being managed and will not affect the health and safety of you or the group whilst in Guatemala.

Full Name		Date of Birth	
Nationality		Gender	
Address			
Telephone number		Email address	
Next of Kin / Emergency Point of Contact (Name and address)			
NOK Telephone number and email address			
Physician / GP: Name and address			
Physician / GP: Telephone number and email address			
Blood Group			
Allergies			
Past Medical History (Details of any previous illness or injury)			
Past Surgical History (Details of any surgery)			

<p>Current medical conditions</p> <p>(Please supply details of any current illness, disease or injury and how you manage it)</p>	
<p>Medications</p> <p>(Please supply details of any medication you are currently taking, including prescription medications, over the counter medications, herbal supplements or sports supplements/stimulants)</p>	
<p>Please supply details of any condition, whether physical or psychological, which may affect you whilst on the trip)</p>	
<p>Can you swim?</p>	<p>Yes / No</p>
<p>Do you have any special dietary requirements? Please give details and suggested alternatives</p>	
<p>Please provide details of your medical insurance provider:</p> <p>Policy number:</p> <p>Contact telephone number:</p>	
<p>Vaccinations:</p> <p>Please provide details of your current in date vaccinations</p>	

<p>Which Malaria prophylaxis do you intend to take?</p> <p>Have you used this before and suffered any side effects? Please give details.</p>	
<p>What is the highest altitude you have travelled to?</p>	
<p>How did you perform at altitude?</p> <p>Did you suffer from:</p> <p>AMS (Headache, loss of appetite, difficulty sleeping, nausea and vomiting)?</p> <p>HAPE/Difficulty breathing?</p> <p>HACE?</p> <p>Please supply details of both the conditions you suffered, the treatment received and how you responded.</p>	
<p>Have you ever taken Acetazolamide/Diamox as prevention or treatment for altitude sickness?</p> <p>If yes, please provide details of any side effects you suffered.</p>	