



THE CRAZY MOUNTAINEERS

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PH NO :- 9557739933,9720793617

Confidential Medical Form Name of Trek:

Date of Trek:

Name: _____

Age:

PART ONE (To be completed by participant)

The Crazy Mountaineers treks Organization PVT LTD. take place in some remote and less-developed regions, without means of rapid evacuation, or medical supplies and facilities. In the event of an accident, illness or injury an evacuation will be slow and uncertain as these trips take place in mountainous, high altitude, or other hazardous terrain. Common and uncommon signs and symptoms of altitude sickness should be expected. These include, but are not limited to: sleeplessness, coughing, loss of appetite, nausea, vomiting, and muscle cramps. Severe cases of altitude sickness can include pulmonary and/or cerebral Edema. In addition, exposure to microorganisms unknown to our digestive system may cause symptoms from a wide array of gastrointestinal disorders despite the best efforts to treat drinking water and prepare food properly. A poor state of health can greatly increase the dangers and risks that can be incurred on these trips. Therefore, **The Crazy Mountaineers** requires that all climbers and/or trekkers are examined by a physician, are properly immunized for the destination(s), and provide the Part II information.

Date –

Signature

Place –

Disclaimer and Declaration

The Trek/Expedition route in the Himalayas has its share of risks and dangers, especially in respect to the terrain, weather, high altitude and desolate nature. Accidents on this trek can cause one to get injured, fall ill, and death too cannot be ruled out. I hereby declare that my participation in this trek is completely voluntary, and I am fully aware of the risks involved. I will not hold **The Crazy Mountaineers** wholly or partly responsible in case of any accident, illness, injury or death on the trek.

Signature and Name of the participant
Place:

Date :
[Type here]

PART TWO (To be completed by physician)

Applicant Name: _____

Date of birth: _____

Address:

1. Oes the applicant suffer from any chronic disease like Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details.

2. Blood pressure reading

3. Is the applicant under medication of any kind? If yes please mention details.

4. Has the applicant suffered from any kind of altitude related illness in the past? If yes give details.

5. Overall physical fitness

6. Blood group

7. Any drug allergies

8. Any other observations

I have medically examined Mr

/Ms _____

on (Date) _____ and found him / her fit to undergo a Trekking expedition in high altitude areas & in the mountains and as per history and clinical examination he/she is not suffering from any chronic disease. Name of Dr

_____ Degree _____ Reg No _____

Signature & Seal

[Type here]