	International Trekking, L.L.C.	Phone: (603) 356-7013
	PO Box 494	Email: climbers@ime-usa.com
	North Conway, NH 03860	Web: www.InternationalTrekking.com

Confidential Medical Form

Name of Trip: _____ Date of Trip: _____

Name: _____ Age: _____

Part One (To be completed by participant)

International Trekking trips 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, International Trekking requires that all climbers and/or trekkers are examined by a physician, are properly immunized for the destination(s), and provide the following information.

Insurance company: _____ Policy and/or Certification number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____


We suggest you check your policy to make sure that it will cover you while traveling abroad. All participants currently taking medication, having pre-existing medical conditions, recurrent injuries, or recent surgeries must make them known to us so we may provide the safest and most enjoyable experience possible.

Do you have any medical conditions of which we should be aware? Yes _____ No _____

If yes, please explain: _____

Do you have any dietary restrictions and/or preferences? Yes _____ No _____

If yes, please explain: _____

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Part Two *(To be completed by a physician)*

Please read carefully PART ONE of this form, and complete the following as it pertains to the person who is making application for this International Trekking trip. Please provide this person with a thorough medical examination. Emphasis should be on the cardiovascular and respiratory systems. This person will be expected to engage in strenuous activities, climb at a slow, steady pace for many hours a day, function for many days, and possibly weeks at altitude, and in extreme conditions of cold and wind. These factors should be taken into account in your evaluation. If you have any questions about the rigors entailed in the high-altitude experience, please feel free to contact International Trekking. Our trip will be to a wilderness area, out of the easy reach of standard medical help. Please report any problems that may limit physical performance e.g. (musculoskeletal constraints, cardiovascular restrictions, respiratory system conditions, gastrointestinal disorders, hernias, past surgery, and/or injuries, allergies, medications, etc).

Do you find the participant whose name is listed on the reverse side of this form to be in sufficient health and fitness in order to undertake this expedition? Yes _____ No _____

If no, please explain:

Physician's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

We strongly recommend that you follow the Center for Disease Control (CDC) recommendations and consult with your physician about the advisability of vaccinations for the intended country. International Trekking will provide you with current recommendations from the CDC, and will notate whether or not the expedition will be traveling through areas exposed to yellow fever, malaria, cholera and other diseases that may be characteristic to each region. You may obtain information directly from the CDC at: (404) 332-4555, or www.cdc.gov/travel