



## **HIMALAYAN GUIDING AUSTRALIA (HGA) Medical form**

The information you provide to HGA in this form will be held in the strictest confidence, and will be used only to the extent necessary to provide appropriate emergency medical care and/or evaluate fitness for travel. Please note that this may include transmitting your data overseas to any countries to which you may be visiting, or to your emergency contact.

### **Who should complete this form?**

All members 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 you give HGA the more we may assist in the unlikely event of an emergency or provide other medical assistance.

Please note HGA will assess the information contained in this form, and reserve the right to ask for a physician's assessment for any member.

You should always consult with your physician and anyone else familiar with your medical history and needs before embarking on this trek. Please ensure that you have confirmed with a medical professional that you are medically fit to walk for up to 8 hours a day (generally 6) on some steep gradients at altitudes up to 4700m, at temperatures ranging from minus 10 degrees celsius up to 25 degrees celsius, carrying a pack up to 8kgs.

### **Why do I need to complete this form?**

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

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

You must provide complete, accurate, and up-to-date information on this form in order to allow HGA Adventures to safely accommodate you on the trek. HGA reserves the right to participation to any member who is unable participate in the trek for medical reasons in the opinion of the trek leader

If you do not disclose a condition, infirmity, injury, or ailment herein and are subsequently deemed to be unfit for expedition travel due in whole or in part to such condition, infirmity, injury or ailment, HGA shall have the right to remove you from the Trek with no refund or compensation payable.

If there are any changes to your physical/medical condition or otherwise to your responses below after your submission of the form to HGA, you must notify HGA immediately of that change. HGA reserves the right to request an up-to-date health certificate from a registered physician in the event of such a change. If the information contained on this form is found to not be accurate as of your date of travel and you have not provided HGA with notice of such change, you may be removed from the trek with no refund or compensation payable. Information provided in this form must be supplied at maximum 12 months prior to first date of travel.



### **What happens if I don't complete this form?**

In the event you have made a booking with HGA and subsequently are unable or refuse to complete this medical form for any reason by the final payment date. As specified in our terms and conditions. HGA 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 for your own health and safety that you complete all questions fully and truthfully. In the event of a medical emergency, the information you have provided could be crucial.

All members must complete, and return sections 'A', 'B', 'C' **if** members answer yes to any question 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 must then sign and return the entire document, sections 'A', 'B', 'C' & 'D'.

## **CONFIDENTIAL MEDICAL FORM**

HGA Medical Form, Updated: Nov 2018

### **SECTION A - GENERAL INFORMATION - Please complete all fields**

Name:

Trip Name:

Departure Date:

Date of birth:

Blood type (if unknown indicate 'Unknown'):

Height:

Weight:

Insurance Provider:

Insurance contact details:

Insurance policy number:

Emergency contact details:

Emergency contact phone:

## **SECTION B - MEDICAL INFORMATION - Please complete all fields**

1. During the last 5 years, have you suffered any significant illness, been hospitalized or required regular care by a doctor?

If YES, please indicate reason:

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Answer Yes / No

2. Have you ever had any of the following?

a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems?

b) Asthma effects 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 tumour of any kind? Yes /No

3. Do you have any physical limitations, handicaps or prosthesis? Do you have difficulty walking or use a device for mobility assistance such as crutches, cane or wheelchair? Yes/ No

If YES, please specify:

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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 medication or drugs? Yes/No

If YES, please specify:

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6. Are you pregnant? Yes/No

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

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

If YES, please specify:

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**\* If you indicated "YES" to any of the above questions (excluding question 5), you must now proceed to section 'D'.**



## **SECTION C - To be completed by all members**

This section must be fully completed, please DO NOT OMIT any of the following details

No sophisticated medical facilities are available in the trekking region, and may not be available in Kathmandu. We ask you to complete this confidential medical report so that all due care may be provided. Expedition travel is intended for persons in reasonably good health and with full mobility. Members who are not fit for long trips for any reason, including mobility issues, disability, heart or other health condition are advised not to join the trek, which would entail an unreasonable risk to your health and to the enjoyment of all members. Should any such condition become apparent, HGA reserves the right to decline or accept or retain you and any other member at any time before or during the trip.

### **Member's declaration**

I attest I am in good general health, and capable of performing normal activities on this trek as described above. I further attest that I am capable of caring for myself during the trek, and that I will not impede the progress of the expedition or the enjoyment of other members. I understand that this expedition will take me far from the nearest medical facility and that all expedition members must be self-sufficient.

I have consulted a qualified medical professional regarding vaccinations and take full personal responsibility for my actions regarding vaccinations.

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 inform HGA 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 HGA 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 HGA.

\_\_\_\_\_

**Member's signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## **SECTION D - MEDICAL PRACTITIONER FORM**

If you indicated 'YES' to any question in section 'B', then please complete this section. Part 1 must be completed by yourself, and Part 2 given to your registered 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.

Become familiar with the trip details, the physical demands, the location of the trek, and access to medical facilities should they be required. Please contact your travel agent or HGA if you require any additional information with respect to such details. Armed with these, we ask yourself and your medical practitioner to please complete the below:

### Part 1 - to be completed by you

Your Name

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First	Middle	Last
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Please note information provided here may be forwarded onto select parties to ensure a safe and enjoyable trek. All information kept by HGA is done so in accordance with the Privacy Policy, and information will only be shared with those who need to know.

### Part 2 - to be completed by a registered physician

Our expeditions travel to remote areas where limited, or no, tertiary medical facilities exist. These trips are intended for travellers in reasonably good health without potential underlying life threatening illnesses that may require urgent medical attention of this level.

Name of Physician

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Phone Number \_\_\_\_\_ e-mail

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Office

Address \_\_\_\_\_

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

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Please list all medication currently taken. If more room is required, please attach a separate list

Trade name Generic name Dose/Strength Frequency Purpose

If this patient has been hospitalized, or had surgery, at any time during the last 5 years, please tell us when and why

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I have read the trip details and am familiar with both the physical demands, and the remote location(s) of this trip.

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 \_\_\_\_\_