

Medical Information Sheet

Dear Doctor

You are asked to complete this sheet to assist us in confirming the ability of the person named below to participate in a trek to the Everest region of Nepal; further information is available on our website at www.everesttreks.co.nz.

Thank you

John Gully, Everest Treks

Trekker's name: _____

Height: _____ m

Weight: _____ kg

1. Please describe any medical history of note (including heart disease, diabetes, epilepsy, depression):
2. Please list current medications:
3. Following physical examination, with emphasis on cardio-respiratory system and PEFR, in your opinion is this person fit for trekking in a physically demanding environment?
Yes / No
4. Vaccinations may include: Polio, Tetanus, Typhoid, Hepatitis A, Meningococcal Meningitis. Please confirm you have discussed these, and any of your own recommendations, with your patient.
Yes / No
5. We recommend trekkers take with them medication for travellers' diarrhoea and vomiting, plus a broad spectrum antibiotic. Please discuss these, and any of your own recommendations, with your patient.

Doctor's name _____

Doctor's signature _____

Date _____

Please return this sheet as soon as possible to Everest Treks, PO Box 2447, Stoke, Nelson 7041