

## MEDICAL FORM

'Me and Mountain' is fully committed to safeguarding the welfare of all participants undertaking an event. Through medical screening 'Me and Mountain' aims to ensure that all participants taking part in an event are of a satisfactory level of health and fitness to do so.

Your answers will be treated confidentially.

'Me and Mountain' intend to encourage and support as many people as possible to take part in the event. But an event may not be suitable for all people due to restriction posed by limitation in mobility, physical or cognitive disability, pregnancy or other various medical conditions. We request medical information from you in an endeavor to minimize risk to all participants.

<b>Event</b>	
<b>Date of event</b>	

### Personal details:

<b>Full Name</b>				
<b>Date Of Birth/ Age</b>	<b>Date</b>	<b>Month</b>	<b>Year</b>	<b>years</b>
<b>Gender</b>	<b>Male</b>		<b>Female</b>	
<b>Full Address with postal code</b>				
<b>Mobile No.</b>				
<b>Email address</b>				

**Next to kin:**

<b>Name</b>	
<b>Relationship</b>	
<b>Full Address with postal code</b>	
<b>Mobile No.</b>	

<b>Height</b>		
<b>Weight</b>		
<b>Blood Group (if known)</b>		
<b>Disability/ Specific support required</b>	Yes	No
<b>Specify, if Yes</b>		

<b>Are you allergic to any Food/ Bite/ Medicine</b>	Yes	No
<b>Specify, if Yes</b>		

<b>Dietary requirement if any (Vegetarian/ Vegan/Gluten free/ Lactose free)</b>		
<b>Can you swim?</b>	Yes	No
<b>Do you smoke?</b>	Yes	No

<b>Previous illness (specify)</b>	
<b>Regular medicines with dose &amp; frequency (including inhalers)</b>	
Note: carry all your regular medicines with you	

**Health information:** (provided by Medical officer)

Note: The Medical Officer should be Registered medical practitioner

<b>Date of examination</b>	
<b>Pulse</b>	
<b>Blood pressure</b>	
<b>Respiratory rate</b>	
<b>Oxygen saturation</b>	

I confirm that I know about the event, the person is going to participate in and understand that 'Me and Mountain' will provide experienced personnel to lead the event who is either a professional doctor or a trained Wilderness First Responder, however the event may be a considerable distance from any hospital back up.

In addition I have read this medical form and I confirm that the information given by the participant is correct and no significant information has been withheld.

In my opinion, this person is currently fit and healthy both mentally and physically and able to participate in the aforesaid event.

<b>Signature of Medical Officer with seal</b>	
<b>Full Name</b>	
<b>Registration no</b>	
<b>Mobile no.</b>	
<b>Date</b>	
<b>Place</b>	

**Participant declaration:**

I agree to any emergency medical treatment, including hospitalization, anesthetic, invasive procedure, surgical or other treatment if deemed necessary by the medical authorities present.

I agree to bear all costs of rescue and/or medical services that may be incurred on my behalf.

The information provided above (of the physical factors which may affect my participation in the enrolled event) is a complete and accurate.

<b>Signature of the Participant</b>	
<b>Full Name</b>	

Date	
Place	

***Me and Mountain***

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