



MEDICAL FORM

'Me and Mountain Global Adventures Pvt Ltd' 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.

Event	
Date of event	

Personal details:

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

Next to kin:

Name	
Relationship	

Full Address with postal code	
Mobile No.	

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

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

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

Previous illness (specify)		
Regular medicines with dose & frequency (including inhalers)		

Note: carry all your regular medicines with you

Health information: (provided by Medical officer)

Note: The Medical Officer should be Registered medical practitioner

Date of examination	
Pulse	
Blood pressure	
Respiratory rate	
Oxygen saturation	

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.

Signature of Medical Officer with seal	
Full Name	
Registration no	
Mobile no.	
Date	
Place	

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.

Signature of the Participant	
Full Name	
Date	
Place	

Me and Mountain Global Adventures Pvt Ltd

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