



Medical Form

Please give detailed answers and use the back of this form if needed.

Weight: _____ Height: _____

What is the general state of your health? _____

List any physical limitations or medical conditions that might restrict your ability to fully participate in this expedition:

Have you ever had frostbite or any cold-related injuries? No Yes If Yes please describe: _____

Do you have back or knee problems? No Yes If Yes please describe: _____

List any medications you will be taking on this trip and why: _____

Do you have any allergies to food or medications? Please list: _____

Do you have any dietary restrictions? None Vegetarian Other (specify) _____

Do you have a history of asthma? No Yes If Yes how often do you use an inhaler: _____

Fitness and Mountaineering Experience

Please describe your fitness program: _____

Please describe your mountaineering/out door experience: _____

Your signature: _____ Printed Name: _____

Today's date: _____ Date of Expedition: _____

Summit Expeditions and Nomadic Experience

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