

# MEDICAL FORM

This form should be completed by all applicants. All information supplied in this form will be treated as strictly confidential.

## EVENT DETAILS

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Name of charity: .....

Date and destination of event: .....

## PERSONAL DETAILS

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Title (Mr/Mrs/Miss/Ms/Dr): ..... Date of Birth: ..... Age: .....

Forenames: ..... Height:.....(metres) Weight: .....(kg)

Surname: ..... Email: .....

Nationality:.....Tel. Daytime: ..... Tel. Evening: .....

## MEDICAL DETAILS

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The event in which you will be participating is challenging and will require a good level of fitness, strength and endurance. It is your responsibility to ensure that you have the appropriate level of fitness. The event is not recommended for those with any infirmity. You should check with your doctor to ensure that you are sufficiently fit and healthy to participate. You should take into account that medical and other facilities at the destination are likely to be inferior to those in the UK.

Do you have a history of any of the following conditions? **If you tick any of the conditions below please ask your GP to sign overleaf:**

- |                                 |  |                           |  |
|---------------------------------|--|---------------------------|--|
| 1. Heart or circulatory disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | 7. Diabetes               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Raised blood pressure        | Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Joint or back injuries | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Respiratory disease          | Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. Heat stroke            | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Asthma                       | Yes <input type="checkbox"/> No <input type="checkbox"/> | 10. Vertigo               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Epilepsy                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | 11. Altitude sickness     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Anxiety / stress             | Yes <input type="checkbox"/> No <input type="checkbox"/> | 12. Any other condition?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Have you undergone hospital treatment in the last 12 months? Yes  No

Are you allergic to Nuts / Penicillin / Wasp or Bee stings / Shellfish / Suffer from Hay fever /Other? (No signature needed)

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If you have ticked "Yes" to any of the above or you have undergone hospital treatment, please give details in the space below and list any medication you are currently taking.

Details .....

..... Blood Group (if known): .....

Medication ..... (Please bring supplies for the length of the trip plus spares)

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## DOCTOR'S SIGNATURE

If you are aged 65 or over or you have a pre-existing medical condition or you have received hospital treatment within 12 months of departure, you must ask your doctor to sign below confirming that you are fit to undertake the challenge.

I confirm that I have read the itinerary my patient is planning to undertake and I know of no reason why this person should not participate in an event of this type at this point in time.

Doctor's name: ..... GP Practice stamp:

Doctor's signature .....

Date .....

Classic Tours challenges entail consecutive days of cycling, trekking or horse riding and will be physically demanding. Due to the nature of these types of events some parts of the route will be away from main cities and hospitals. However, there will be trained medical personnel on hand and first aid supplies.

## NEXT OF KIN

Name (in full)..... Relationship .....

Address .....

Postcode ..... Email: .....

Daytime Tel ..... Evening Tel ..... Mobile Tel .....

## I APPLY TO TAKE PART IN THIS CHALLENGE AND CONFIRM THE FOLLOWING:

- 1) I have understood that this challenge is rated as a very challenging.
- 2) I have understood the need for fitness and will read the training guidelines and commit to a training programme for the event.
- 3) To the best of my knowledge this is a true and accurate description of my medical history and current condition.
- 4) I sign below for Classic Tours to release this information to the doctor accompanying the event to allow him/her to contact my GP for further details.
- 5) In the event of illness or an accident on the trip I hereby give my permission for Classic Tours medical staff to initiate medical treatment and notify my next of kin in case of hospitalisation.
- 6) I am responsible for organising my own vaccinations through my GP and will be expected to bring a personal first aid kit.
- 7) I will advise my insurer of my medical condition. Should I fail to do this, I understand that I will be liable for any medical costs incurred whilst on the challenge as a result of my condition.

Signed.....

Date .....

## IMPORTANT !

**Should any of your medical details change after you have submitted this form, please inform Classic Tours immediately. You may be asked to complete a new medical form. It is vital that you remember to do this for your own safety.**