

# **TREK MEADOWS**

Naranagh, Ganderbal 16, Jammu & Kashmir : 191202

Reg Number : JKAT00002443

Phone: +91-9103547682, Email: trekmeadows@gmail.com

## **Confidential Medical Form**

Name of Trek: \_\_\_\_\_ Date of Trek: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

### **PART ONE (To be completed by participant)**

Trek Meadows treks take place in some remote Himalayan region where rapid evacuation or medical supplies and facilities are not available. In the event of an accident, illness or injury an evacuation process may be slow and uncertain as these treks take place in high altitude mountains or other hazardous terrain. Common and uncommon signs and symptoms of altitude sickness should be expected. These include but are not limited to: sleeplessness, coughing, loss of appetite, nausea, vomiting, and muscle cramps. Severe cases of altitude sickness can include Pulmonary and/or Cerebral Oedema. In addition, exposure to micro-organisms unknown to our digestive system may cause symptoms from a wide array of gastrointestinal disorders despite the best efforts to treat drinking water and prepare food properly. A poor state of health can greatly increase the dangers and risks that can be incurred on these treks. Therefore, Trek Meadows requires that all climbers and/or trekkers are examined by a physician, are properly immunized for the destination(s), and provide the Part II information.

Date -

Signature

Place -

### **Disclaimer and Declaration**

The ..... Trek/Expedition route in the Himalayas has its share of risks and dangers, especially in respect to the terrain, weather, high altitude and desolate nature. Accidents on this trek can cause one to get injured, fall ill, and death too cannot be ruled out.

I hereby declare that my participation in this trek is completely voluntary, and I am fully aware of the risks involved. I will not hold Trek Meadows wholly or partly responsible in case of any accident, illness, injury or death on the trek.

**Signature and Name of the participant**

Name :

Signature :

Place :

Date :

## **PART TWO (To be completed by physician)**

Applicant Name : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Address : \_\_\_\_\_

<b>Does the applicant suffer from any chronic disease like Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems, Hypertension etc? If yes, please mention details.</b>	
<b>Blood pressure reading</b>	
<b>BMI</b>	
<b>Is the applicant under medication of any kind? If yes please mention details.</b>	
<b>Has the applicant suffered from any kind of altitude related illness in the past? If yes give details.</b>	
<b>Overall physical fitness</b>	
<b>Blood group</b>	
<b>Any drug allergies</b>	
<b>Any other observations</b>	

I have medically examined Mr /Ms \_\_\_\_\_ on  
(Date) \_\_\_\_\_ and found him / her fit to undergo a Trekking expedition in high altitude areas & in the mountains and as per history and clinical examination he/she is not suffering from any chronic disease.

Name of Dr. \_\_\_\_\_ Degree \_\_\_\_\_ Reg. No \_\_\_\_\_

Signature & Seal