

# medical questionnaire

Diamantina Touring Company

Please complete this questionnaire carefully. It is very important that we find out as much as possible about your medical history, to ensure your safety on the expedition. We will treat your questionnaire with the strictest confidence.

\* Please use BLOCK CAPITALS.

Title:  Surname:  First Name:  Date of Birth:  /  /   
Height(cm):  Weight (kg):  Name of Expedition:

Do you suffer from or have you ever suffered from	yes	no		yes	no
Heart trouble and/or blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	Physical or other disability?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, bronchitis / shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric or mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Have you been hospitalised in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy and / or fainting attacks?	<input type="checkbox"/>	<input type="checkbox"/>	Are you suffering from or a carrier of any infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
Migraine?	<input type="checkbox"/>	<input type="checkbox"/>	Are you registered as disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Severe head injury?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any skin wounds or ulcers?	<input type="checkbox"/>	<input type="checkbox"/>
Back problems?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any problems with sight, hearing or other senses?	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (e.g. nuts/penicillin/bee sting)?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other ongoing or past medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
Fractures, tendon, ligament damage?	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer from back pain?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **yes** to any of the above questions, please give further details below or on a separate sheet:

If you said **yes** to the question about **Asthma**, please answer the following questions:

i) When was the last time you needed hospital treatment?

ii) When was the last time you needed steroid tablets?

iii) What medications/inhalers do you use?

Do you currently take any form of medication?

I understand and agree that my personal data may be processed in order for the full and proper performance of the Expedition contract. I understand that Diamantina Touring Company (DTC) will only transfer personal data to the extent required. I hereby give the permission for DTC or other expedition staff to initiate medical treatment and to inform my next of kin (as given on my registration form) if I go to hospital while on the trip. To the best of my knowledge this is a true and accurate description of my medical history and current condition.

Signed:  Date:  /  /

**If you are 70 or over or have answered YES to any of the questions on the form, this section must be completed by your doctor who has access to your medical history.**

The above named person will be participating in remote area expedition. This may involve travelling in a vehicle for up to 8 hours a day over rough terrain. The participant may be camping with basic facilities such as long drop toilets, primitive washing facilities and sleeping in a swag on the ground. The food will be cooked over open fires or gas burners. They will be in extremely remote environments, sometimes several days from medical facilities. Air evacuation is not always possible.

With the above information, if there is any matter that you feel Diamantina Touring Company should be aware of, please supply details on a separate sheet.

If you need any further information please call 0357770681.

**I have read the above paragraph and agree that the participant's medical details are correct. In my opinion this patient is fit and healthy, both mentally and physically, and I know of no reason why this person should not be able to participate in the expedition.**

Doctor's Signature:  Date:  /  /  Doctor's Name (Block Capitals):

Address: