

# Manaslu Mountain Trail Race 2013

## Medical History Questionnaire & Information

Any expedition into a remote environment comes with risk. Before departing on our trip, it is important to understand that things can and do go wrong in the mountains. We minimize this risk by putting in the preparatory work, planning carefully and having plans to deal with problems. However, this does not completely negate the risk and all participants must be aware that wilderness travel, hiking, climbing and snow travel can be dangerous.

The UIAA Mountain Ethics declaration states:

“We must be prepared for emergencies and situations which result in serious accidents and death. All participants in mountain sports should clearly understand the risks and hazards and the need to have appropriate skills, knowledge and equipment. They need to be ready to help others in the event of an emergency or accident and also be ready to face the consequences of a tragedy. It is hoped that commercial operators in particular will warn their clients that their objectives may have to be sacrificed to assist others in distress.”

Honesty and integrity are also essential to effective group work.

This is your medical history form, to be completed prior to joining the Manaslu Trail Race. All information will be kept confidential. Although the form is extensive, please try to make it as accurate and complete as possible. Please take your time and complete it carefully and thoroughly, and then review it to be certain you have not left anything out. Your answers will help us prepare as completely as possible for our time in the mountains.

### **Your details:**

Name:		Age:	
Date of Birth:		Male / Female:	
Address:			
Current Occupation:			
Height (m):		Weight (kg):	
BMI:		Marital Status:	

### **Next of Kin (Who should we contact in an emergency?)**

Name:	
Relationship (e.g. parent)	
24 hr contact details: (Include international code)	

**Insurance Policy (this MUST include helicopter rescue and high altitude cover):**

Insurance Provider:

Policy Number:

24 Hour Insurance Contact  
Number:

Passport Number, Country  
and Expiry Date:

**Family Physician and/or Primary Health Care Provider:**

Doctor/Other:

Address / Contact Number:

**Your experience with mountains and endurance running**

Can you *briefly* give an overview of your experience in the mountains and ultra-distance running:

**Do you smoke? Yes / No / Ex-smoker**

**How many per day \_\_\_\_\_ When did you give up? \_\_\_\_\_**

**How many units of alcohol do you drink in an average week? \_\_\_\_\_**

## Past Medical History (Please tick Yes or No to all items and explain when Yes)

Condition	Yes	No	Details, dates & Medications
<b>Breathing problems</b>			
<i>Asthma</i>			
<i>COPD (Emphysema / Bronchitis)</i>			
<i>Recurrent Infections/TB</i>			
<i>Other</i>			
<b>Cardiovascular Conditions</b>			
<i>Congenital Heart Disease</i>			
<i>AF or other arrhythmia (even if transient)</i>			
<i>Ischaemic Heart Disease / Angina / MI</i>			
<i>Hyper or Hypotension</i>			
<i>TIA or CVA</i>			
<i>DVT / PE</i>			
<i>Other</i>			
<b>Endocrine Abnormalities</b>			
<i>Hypo or Hyperthyroidism</i>			
<i>Diabetes Mellitus</i>			
<i>Other hormone insufficiency/excess</i>			
<b>Gastrointestinal Conditions</b>			
<i>Inflammatory bowel disease (Crohn's / UC)</i>			
<i>Irritable bowel syndrome</i>			
<i>Malabsorption syndromes / intolerances</i>			

<b>Neurological Conditions</b>			
<i>Epilepsy / Seizure disorder</i>			
<i>Migraine / Persistent severe headaches</i>			
<i>Recurrent syncope / Other</i>			
<b>Psychiatric/Psychological Problems</b>			
<i>Depression or Mania</i>			
<i>Eating Disorder</i>			
<i>Post Traumatic Stress Disorder</i>			
<i>Other</i>			
<b>Eyes, Ears, Nose &amp; Throat</b>			
<i>Significant visual disturbance not corrected by glasses or contact lenses</i>			
<i>Laser Eye surgery</i>			
<i>Significant Hearing problem not corrected with hearing aid</i>			
<i>Recurrent Epistaxis or known clotting disorder</i>			
<i>Recurrent severe tonsillitis / sinusitis</i>			
<i>Recurrent dental problems / major dental work</i>			
<b>Orthopaedic</b>			
<i>Osteoarthritis / Inflammatory Joint disease</i>			
<i>Fractures to any long bone or with residual problems</i>			
<i>Recurrent joint pain (e.g. aching knees etc)</i>			
<b>Surgical</b>			
<i>Any operations or significant procedures e.g.</i>			

appendectomy			
Any HDU/ITU admissions for ANY cause			
Hospitalization or frequent doctor visits for any medical /surgical condition not listed here			

Please add any further information about your medical history here...

Continue on reverse if necessary.

## Past Altitude History

	Yes	No	Where, when, how long, how was it managed, any long term complications?
Have you ever been to altitude >2500m?			
Have you ever had AMS?			
Have you ever had High Altitude Pulmonary Edema (HAPE)?			
Have you ever had High Altitude Cerebral Edema (HACE)?			
Have you ever had High Altitude Cerebral Edema (HACE)?			
Have you ever been evacuated from a wilderness environment for a medical emergency?			
Any other important information you would like the course organizers to be aware of?			

## Medications

Please list all the medications that you currently take including those you purchase over the counter, those that are/not prescribed by your doctor and those that you take PRN (Ladies please include OCP).

Medication	Dose	Frequency	Notes
<i>e.g. Salbutamol</i>	<i>2 puffs</i>	<i>QDS PRN</i>	<i>Only when exercising</i>

## Allergies

Please list ANY allergies (including foods, medications, materials etc), the type and severity of reaction and usual management plan.

Allergen	Reaction	Treatment	Notes
<i>e.g. Penicillin</i>	<i>Rash</i>	<i>Oral Antihistamines</i>	<i>OK with other Abx</i>

## Declaration:

I declare that to the best of my knowledge that the above information I have given is accurate.

Signature:	<input type="text"/>	Date:	<input type="text"/>
PRINT Name:	<input type="text"/>		

Please also get this form signed by your doctor.

## Doctor's confirmation:

Signature:	<input type="text"/>	Date:	<input type="text"/>
PRINT Name:	<input type="text"/>		