



Confidential Medical & Physician Certificate for International Trips

Name of Trip: _____ Date of Trip: _____

Name: _____ Date of Birth: _____

PART ONE (To be completed by participant)

Alpine Skills International trips take place in some remote and less-developed regions, without means of rapid evacuation, or medical supplies and facilities. In the event of an accident, illness or injury an evacuation will be slow and uncertain as these trips take place in mountainous, high altitude, 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, and loss of appetite, nausea, vomiting, and muscle cramps. Severe cases of altitude sickness can include pulmonary and/or cerebral edema. In addition, exposure to microorganisms 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 trips. Therefore, ASI requires that all climbers and/or trekkers are examined by a physician, are properly immunized for the destination(s), and provide the following information.

Name of your insurance company _____
Address: _____ City: _____ State: _____ Zip: _____
Policy and/or Certification number: _____
Phone: _____

We suggest you check your policy to make sure that it will cover you while traveling abroad. All participants currently taking medication, having pre-existing medical conditions, recurrent injuries, or recent surgeries must make them known to us so we may provide the safest and most enjoyable experience possible.

Do you have any medical conditions of which we should be aware?

Yes _____ No _____

If yes, please explain:

Do you have any dietary restrictions and/or preferences? Yes _____ No _____

If yes, please explain:

Name: _____ Date of Birth: _____

PART TWO (To be completed by a physician)

Please read carefully PART ONE of this form, and complete the following as it pertains to the person who is to be trekking in Nepal with Alpine Skills International. This person will be expected to engage in strenuous activities, climb at a slow, steady pace for many hours a day, for many days at altitude, and in varied conditions of weather.

Our trip will be to a wilderness area, out of the easy reach of standard medical help. Please report any problems that may limit physical performance e.g. (musculoskeletal constraints, cardiovascular restrictions, respiratory system conditions, gastrointestinal disorders, hernias, past surgery, and/or injuries, allergies, medications, etc).

Do you find the participant whose name is listed on the reverse side of this form to be in sufficient health and fitness in order to undertake this expedition?

Yes _____ No _____ if no, please explain:

Physician's name:

Address:

Signature: _____ Date: _____

We strongly recommend that you follow the Center for Disease Control (CDC) recommendations and consult with you physician about the advisability of vaccinations for the intended country.

You may obtain information directly from the CDC at: (404) 332-4555, or
<http://wwwnc.cdc.gov/travel/>