

Emergency Form

Name Male/Female.....

Passport number Nationality..... Date of Birth.....

Occupation

Next of Kin

Name and relationship:

Phone (home work and mobile)

Address

.....

Insurance

Insurance provider

Insurance policy/certificate number

24 hour medical emergency phone number

Medical Conditions

Have you ever suffered from:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Asthma | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Diabetes | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Epilepsy | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Heart Condition | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Recurrent back/joint problems | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do you or have you in the past suffered from any form of psychiatric / eating disorder | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If YES to any of the above, please give details:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Have you ever had an operation? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Have you ever had an anaesthetic? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Have you ever had a blood transfusion? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Are you allergic to any particular drugs (penicillin)? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do you have any other allergies? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If YES to any of the above, please give details:

Do you presently use any form of medication regularly (Including the pill) or use any creams? YES NO

Do you suffer from any physical or other disability? YES NO

If YES, please give details:

What is your blood group?

IMPORTANT

If you are aware of any medical condition or medically relevant fact relating to a third party, ie parent or relative, which may result in you either cancelling your expedition or requiring to return home early, you must advise Planet Fear who will in turn advise Vertical World. If you neglect to declare a medical condition it may well affect your emergency evacuation insurance cover while on expedition.

Please be advised that Planet Fear and Vertical World reserves the right to forward all medical information provided to other parties involved within the expedition.

I undertake that the information provided above is accurate and complete. I have also read, understood and agreed to the terms of business for this expedition. (conditions apply)

Signature.....

Date.....