



VERTICAL WORLD

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PERSONAL MEDICAL HISTORY

NAME:

Have you ever suffered from:

- Asthma? YES r NO r
- Diabetes? YES r NO r
- Epilepsy? YES r NO r
- Heart Condition? YES r NO r
- Malaria? YES r NO r
- Recurrent back/joint problems? YES r NO r
- Do you or have you in the past suffered from any form of psychiatric / eating disorder? YES r NO r
- If YES to any of the above, please give details:

- Have you ever had an operation? YES r NO r
- Have you suffered from any notable injury within the last year? YES r NO r
- Have you ever had an anaesthetic? YES r NO r
- Have you ever had a blood transfusion? YES r NO r
- Are you allergic to any particular drugs? YES r NO r
- Do you have any other allergies? YES r NO r
- Have you recently had any exposure to infection? YES r NO r

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 r NO r

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

If YES, please give details:

Are you a vegetarian or have any other dietary requirements YES r NO r

If yes give details:

IMPORTANT

If you neglect to declare a medical condition it may well affect your emergency evacuation insurance cover while on expedition.

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

If under 18 please get signature of parent or guardian and tick this box: r

Signed:

Date: