

OXFORDSHIRE MIND TREK IRELAND

Medical Questionnaire

Everybody that would like to apply for the Oxfordshire Mind Trek will need to complete a medical form and return this along with your application form to us. All information supplied will be treated as **strictly confidential**.

Should any of your medical details change after the form is submitted it is essential that you inform Oxfordshire Mind immediately. This is for travel insurance purposes and is in the interest of your own personal safety.

Your Details – To be completed in BLOCK capitals

Title (Dr/Mr/Mrs/Ms/Miss).....	Forenames.....
Surname.....	Date of Birth..... Age.....
Tel (Day).....	Tel (Eve).....
Mobile.....	E-mail.....
Weight (kg).....	Height (cm).....

The event in which you will be participating in is challenging and will require a **good level of fitness, strength and endurance**. It is your responsibility to ensure that you have the appropriate level of fitness. If you have any doubts about your health please consult your doctor. You should take into account that medical and other facilities at the destination may be inferior to those in the United Kingdom.

Do you have a history of any of the following conditions?

(Tick 'Yes' or 'No' in answer to each question)

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">1. Heart or circulatory disease</td><td style="width: 10%;">Yes</td><td style="width: 10%;">No</td></tr> <tr><td>2. Raised blood pressure</td><td>Yes</td><td>No</td></tr> <tr><td>3. Respiratory disease</td><td>Yes</td><td>No</td></tr> <tr><td>4. Asthma</td><td>Yes</td><td>No</td></tr> <tr><td>5. Hay fever</td><td>Yes</td><td>No</td></tr> <tr><td>6. Epilepsy</td><td>Yes</td><td>No</td></tr> <tr><td>7. Mental health illness</td><td>Yes</td><td>No</td></tr> </table>	1. Heart or circulatory disease	Yes	No	2. Raised blood pressure	Yes	No	3. Respiratory disease	Yes	No	4. Asthma	Yes	No	5. Hay fever	Yes	No	6. Epilepsy	Yes	No	7. Mental health illness	Yes	No	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">8. Diabetes</td><td style="width: 10%;">Yes</td><td style="width: 10%;">No</td></tr> <tr><td>9. Joint or back injuries</td><td>Yes</td><td>No</td></tr> <tr><td>10. Allergies</td><td>Yes</td><td>No</td></tr> <tr><td>11. Heat stroke</td><td>Yes</td><td>No</td></tr> <tr><td>12. Vertigo</td><td>Yes</td><td>No</td></tr> <tr><td>13. Any other condition? (i.e. rare blood group)</td><td>Yes</td><td>No</td></tr> </table>	8. Diabetes	Yes	No	9. Joint or back injuries	Yes	No	10. Allergies	Yes	No	11. Heat stroke	Yes	No	12. Vertigo	Yes	No	13. Any other condition? (i.e. rare blood group)	Yes	No
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If you have answered 'Yes' to any of the above please provide further details:

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Please list any medication you are currently taking and ensure you bring enough supplies for the length of the trip

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Doctor's Signature

If you do have a pre-existing medical condition you must notify us on this form. **If you are over the age of 60 or you have a pre-existing medical condition**, you must ask your doctor to sign below confirming that you are fit to undertake this challenge.

Doctor's signature..... Date.....

Doctor's name printed.....

Surgery.....

Practice stamp and phone number:

The Oxfordshire Mind Trek will be a physically demanding challenge and will take place in varying climatic conditions. Due to the nature of this type of event some parts of the route will be away from main cities and hospitals. However, there will be trained medical or first aid personnel on hand with first aid medical supplies.

Oxfordshire Mind aims to make the Trek as accessible as possible, however Oxfordshire Mind reserves the right to refuse a participant on health grounds if necessary.

Important

- ❖ **I confirm that I have understood the need for fitness and to the best of my knowledge this is a true and accurate description of my medical history and current condition.**
- ❖ **By signing below I agree that Oxfordshire Mind may release this information to the trained medical or first aid personnel accompanying the Trek to allow him/her to contact my GP for further details if needed.**
- ❖ **The Ultimate Travel Company Ltd are responsible for all ground arrangements of the Trek.**
- ❖ **In the event of illness or an accident on the trip I hereby give permission for The Ultimate Travel Company Ltd medical staff to initiate medical treatment and notify my next of kin in case of hospitalisation.**

Your signature

Signed..... Date.....

Next of Kin Details

Name (in full).....

Address.....

.....

Tel (day)..... Tel (eve).....

Relation to you.....

The information contained within this form will be treated as confidential and will prove to be important should you require medical attention during the event.

Please return this form to:
Nicky Clargo, Trek Ireland, Oxfordshire Mind, 125 Walton Street, Oxford, OX2 6AH