



Medical & Personal Information Form

Personal Information

First and Last Name: _____

Date of Birth (DD/MM/YYYY): _____

ID / Passport No.: _____

Right-handed or Left-handed: _____

Street: _____

Number: _____

City: _____

Province/State: _____

Country: _____

Occupation: _____

Health Insurance / Medical Coverage: _____

Membership Number: _____

Personal Phone: _____

Work or Home Phone: _____

EMERGENCY CONTACT (phone number and relationship): _____

Phone 1: _____

Phone 2: _____

Medical History

You must complete this form and send it back to us. Then, send via WhatsApp a medical Certificate of Good Health issued by a doctor, and deliver the original in person at the start of the expedition. We recommend consulting your primary care physician, informing them of the characteristics of the activity to be undertaken.



Do you have any dietary restrictions or special diet? If yes, please specify:

Height (cm): _____ Weight (kg): _____ Blood Group: _____ Blood Pressure: _____

Are you currently taking any medication? (indicate name and dosage):

Have you had sprains, fractures, illnesses, or surgeries in the past year? Specify:

Have you ever been diagnosed with a heart disease? Specify:

Have you ever been diagnosed with any other pulmonary, circulatory, or cardiac disease?
Specify:

Has any direct family member suffered sudden death?

Has any direct family member suffered a heart attack? Specify:

Have you had COVID-19? Yes / No If yes, how was the illness? Mild – Moderate – Severe

Do you have any sequelae from COVID-19? Specify:

Please indicate if you currently have or have ever had any of the following diseases (YES / NO):

Diabetes: YES / NO

Heart Condition: YES / NO

Hypertension: YES / NO

Hypotension: YES / NO

Dyslipidemia: YES / NO

COPD: YES / NO



Sleepwalking: YES / NO

Epilepsy: YES / NO

Allergies: YES / NO

Anemia: YES / NO

Asthma: YES / NO

Claustrophobia: YES / NO

Vertigo: YES / NO

Fainting: YES / NO

Skin condition: YES / NO

Other: ____: YES / NO

Are you a habitual smoker? YES / NO