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Health Questionnaire

I. Client Information

Trip Name: _____ Start Date: _____

Client Name: _____ Occupation: _____

Mailing Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

Fax: _____ Email Address: _____

For International Travel Only-Please provide a copy of your passport

Name as it appears on passport: _____

Passport Number: _____ Place of Issue: _____

Date of Issue: _____ Exp: _____ Citizenship: _____

II. Health and Fitness Questionnaire

(kept strictly confidential)

Name: _____ Phone: _____

Email: _____

DOB: _____ Height: _____ Weight: _____ Sex: _____

Please list your current exercise regime, including frequency and time/distance:

What is the heaviest pack you have carried? _____ For how long? _____

_____ When? _____

I can jog for: 1 mile, 3 miles, 5 miles, more (please circle one) without distress.

What is the highest altitude reached? _____ Where? _____

Do you use tobacco? _____ How much? _____ Alcohol? _____ How much? _____

Sickness or injuries in the last 12 months:



Have you been hospitalized in the past two years? _____ If “yes” please explain: _____

Please list medications taken regularly or intermittently and reason:

Any history of: please circle applicable conditions:

back/neck problems

knee problems

circulation problems

ankle problems

arm/shoulder problems

head injury

heart condition

bleeding disorder

epilepsy/seizure disorder

respiratory condition

intestinal problems

hearing impairment

hernia

hypoglycemia

kidney problems

blood disease

vision impairment

cancer

diabetes

asthma

chronic infections

currently pregnant

motion sickness

altitude sickness

high or low blood pressure

irregular heartbeat or murmur

joint dislocations or severe sprains

other _____



If you marked any of the above, please explain below or attach separate page (include date, length, severity, current symptoms and limitations):

Are there any other health related or pre-existing conditions?

Do you have any allergies?

Are there foods you cannot or prefer not to eat?

Please describe your previous climbing, mountaineering, trekking and/or general outdoor experience/background:

Person to notify in case of an emergency (please do not include friends, family or spouses that will be joining you on the expedition):

Name/Relationship:

Phone number(s):

All the above information is true to the best of my knowledge.

Signature: _____ Date: _____