



# Health *Questionnaire*



## I. Client Information

Trip Name:

Start Date:

Client Name:

Occupation:

Mailing Address:

Billing Address:

City:

State:

Zip:

Day Phone:

Evening Phone:

Cell:

Email Address:

T-Shirt Size (women's t-shirts are provided):

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)*

Date of Birth:

Height:

Weight:

Gender: Male / Female

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

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What is the heaviest pack you have carried?

For how long?

When?

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

What is the highest altitude you have reached?

Where?

Do you use tobacco?

How much?

Alcohol?

How much?

Sickness or injuries in the last 12 months:

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Have you been hospitalized in the past two years?

If "yes" please explain:

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Please list medications taken regularly or intermittently and reason:

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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):

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

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Do you have any allergies? \_\_\_\_\_

Are there foods you cannot or prefer not to eat?

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

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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.

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Signature

Date

