



# Section A: Medical Information Form

Name:

Trip:

Date of Trip:

Section A should be completed by you, the trip member.

Section B should be completed by your physician if you have a significant medical condition (*noted by \* below*). Please give this form, along with the trip's detailed itinerary, to your physician for him/her to complete.

**Trip Level** (See Page Three):

**Medical Conditions:** During the last 5 years, have you suffered any significant illness, been hospitalized, or required medical care for any medical condition(s) including, but not limited to:

**Cardiovascular:** High Blood Pressure, Heart Attack\*, Pacemaker\*, Stent, etc.  N  Y

**Respiratory\*:** Asthma, Emphysema, etc.  N  Y

**Gastrointestinal:** Ulcers, Colitis, Liver Disease, Crohn's Disease, etc.  N  Y

**Neurological\*:** Seizures, Fainting, Stroke, Cognitive Problems, etc.  N  Y

**Musculoskeletal:** Bone, Joint or Muscle Problems.  N  Y

**Endocrine:** Diabetes, Thyroid  N  Y

**Recent Surgeries:** Last 2 Years  N  Y

**Other Significant Medical Condition:**  N  Y

If yes to any of the above, please specify here or attach a separate sheet of paper:

**Medications:** Are you currently taking any regular medications? If yes, please list the medications and the condition(s) they treat.



**Allergies:** Do you have any allergies or allergic reactions to any drugs? If yes, please specify the allergy and reaction.

**Activity Restrictions:** Do you have any impairments or restrictions, including but not limited to knee, hip, back, hearing mobility, or balance issues, which may restrict your full participation in any of the itinerary activities or may require any special arrangements or assistance? If yes, please specify.

**Physical Fitness:** Please describe in detail the type, duration, intensity, and frequency of physical activities you participate in on a regular basis. How do you plan to prepare for this trip physically?

The information you provide in this form will be held in the strictest of confidence, and will be used only to the extent necessary to provide necessary emergency medical care and/or evaluate fitness for travel.

By signing this, I acknowledge that I have reviewed the detailed itinerary of this trip. I understand the demands of this trip and I am in good general health and capable of participating fully in all of the itinerary activities. I understand that if I am determined to be incapable of meeting the rigors and requirements of participating in the trip activities, the trip leader has the right to prohibit participation from certain activities or the trip's entirety.

I attest that I have provided complete, accurate, and up-to-date information on this form. I agree that should there be any change to the information I have given herein to my physical or medical condition, I will notify Beyond Adventures.

**Participant's Signature**

**Date:**

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## TRIP LEVELS:

The Beyond Trip Level system ranks each trip from 1 to 7 according to the degree of activity and difficulty - (1: Easiest and 7: Most Strenuous). For more information on Trip Specifics you can visit each Trip Itinerary.

**1 Easiest:** Non-camping journeys, optional hikes, little elevation gain or loss. Boat-based trips require sufficient mobility for getting in and out of boats - [East Tennessee Fishing Trip](#)

**2 Easy to Moderate:** Hotel nights and/or deluxe, safari-style camping, hikes of two to four hours on some days - [Smoky Mountains, Southern Africa Fishing](#)

**3 Moderate:** Full-day hikes (4 to 6 hours) most days, rolling countryside, occasional steep trails - [Jackson Hole](#)

**4 Moderate to Strenuous:** Full-day hikes (4 to 6 hours), mountainous terrain. Significant elevation gains and losses (hiking up or down 2,000-3,000 feet) on most hikes. Altitudes no greater than about 10,000 feet - [Patagonia Trip](#).

**5 Strenuous:** Full-day hikes, mountainous terrain, steep ups and downs. Trips with hiking at average altitudes of 10,000 to 12,000 feet are in this category - [Machu Picchu Trip](#)

**6 Very Strenuous:** Full-day hikes, mountainous terrain, steep ups and downs. Most hikes take place at altitudes above 12,000 feet, sometimes as high as 17,500 feet - [Everest Basecamp Trip](#)

**7 Most Strenuous:** Full-day hikes in mountainous terrain, camping and hiking at extreme altitudes above 17,500 - [Kilimanjaro Climb](#)



# Section B: Medical Practitioner Form

TO BE COMPLETED BY LICENSED PHYSICIAN

Dear Physician,

This traveler is planning an adventure trip where emergency medical facilities may not be immediately available and physicians do not accompany our groups. Please see Page 3 as a guide for level of activity per destination. We want to make sure travelers are in good health and physical condition to ensure safety and enjoyment.

Please contact Beyond Adventures if you have any questions at [info@beyondadventures.co](mailto:info@beyondadventures.co) or at (800) 230-6787.

**Physician's Full Name:**

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**Phone Number:**

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Information provided in this form will be held in the strictest confidence. Its intent is to ensure that each of our guests is in adequate health condition for the trip, and to be alerted of any health problems in the rare event that emergency medical care is required. We would appreciate your review of Section A of this Form, completed by the participant, as well as completion of the following questions:

**Does the patient's overall physical condition and ability allow him/her to participate in this trip?**

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**Does the patient have any medical conditions we should be aware of as a participant on this trip?**

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I agree that the information contained within this medical form is true to my knowledge and that the applicant is of acceptable level of health and fitness to participate in the trip.

**Physician's Signature**

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**Date:**

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