

# MEDICAL FORM

**PLEASE RETURN THIS FORM TO: Classic Tours, 377 Camden Road, London N7 0SH**

This form should be completed by all applicants. All information supplied in this form will be treated as strictly confidential.

## EVENT DETAILS

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Name of charity: .....

Date and destination of event: .....

## PERSONAL DETAILS

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Title (Mr/Mrs/Miss/Ms/Dr): ..... Date of Birth: .....

Forenames: ..... Age: .....

Surname: ..... Height: .....(metres)

Tel. Daytime: ..... Weight: .....(kg)

Tel. Evening: ..... Email: .....

## MEDICAL DETAILS

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The event in which you will be participating 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. The event is not recommended for those with any infirmity. You should check with your doctor to ensure that you are sufficiently fit and healthy to participate. You should take into account that medical and other facilities at the destination are likely to be inferior to those in the UK.

Do you have a history of any of the following conditions? If yes, please give details in the space provided below and if you tick any of the conditions below please ask your GP to sign overleaf:

- |                                 |  |                           |  |
|---------------------------------|--|---------------------------|--|
| 1. Heart or circulatory disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Diabetes               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Raised blood pressure        | Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. Joint or back injuries | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Respiratory disease          | Yes <input type="checkbox"/> No <input type="checkbox"/> | 10. Allergies             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Asthma                       | Yes <input type="checkbox"/> No <input type="checkbox"/> | 11. Heat stroke           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Hay fever                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | 12. Vertigo               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Epilepsy                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | 13. Altitude sickness     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Anxiety / stress             | Yes <input type="checkbox"/> No <input type="checkbox"/> | 14. Any other condition?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Have you undergone hospital treatment in the last 12 months Yes  No

Details: .....

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

.....Blood Group (if known): .....

**IMPORTANT ! Should any of your medical details change after you have submitted this form, please inform Classic Tours immediately. You will be asked to complete a new medical form. It is vital that you remember to do this for your own safety.**

## DOCTOR'S SIGNATURE

If you are aged 65 or over or you have a pre-existing medical condition or you have received hospital treatment within 12 months of departure, you must ask your doctor to sign below confirming that you are fit to undertake the challenge.

I confirm that I have read the itinerary my patient is planning to undertake and declare that s/he is medically fit and able to take part in this challenge.

Doctor's name: ..... GP Practice stamp:

Doctor's signature .....

Date .....

Classic Tours challenges entail consecutive days of cycling, trekking or horse riding and will be physically demanding. Due to the nature of these types of events some parts of the route will be away from main cities and hospitals. However, there will be trained medical personnel on hand and first aid supplies.

## NEXT OF KIN

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Name (in full)..... Relationship .....

Address .....

Postcode ..... Email: .....

Daytime Tel ..... Evening Tel ..... Mobile Tel .....

## I APPLY TO TAKE PART IN THIS CHALLENGE AND CONFIRM THE FOLLOWING:

- 1) I have understood the need for fitness and will read the training guidelines and commit to a training programme for the event.
- 2) To the best of my knowledge this is a true and accurate description of my medical history and current condition.
- 3) I sign below for Classic Tours to release this information to the doctor accompanying the event to allow him/her to contact my GP for further details.
- 4) In the event of illness or an accident on the trip I hereby give my permission for Classic Tours medical staff to initiate medical treatment and notify my next of kin in case of hospitalisation.
- 5) I will advise my insurer of my medical condition. Should I fail to do this, I understand that I will be liable for any medical costs incurred whilst on the challenge as a result of my condition.
- 6) I am responsible for organising my own vaccinations through my GP and will be expected to bring a personal first aid kit.

Signed.....

Date .....

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