



Health Form

Participant's Name _____

Trip or Course Name _____

Trip or Course Date _____

() _____
Daytime or Temporary Phone (circle one)

() _____
Permanent/Cell Phone

Gender _____

Age _____

Previous Experience with AMGI _____

MGI Expedition Participant Health & Medical Form.

This form is to be completed by a Physician, F.N.P. or P.A.

Please read and fill out pages 1-6. Physical examination information must be completed less than a year before the starting date of the MGI expedition. (Please type or print legibly)

Mountain Guides International (MGI) trips are wilderness expeditions ranging in length from a few days to three months. MGI expeditions operate in remote areas where evacuation to modern medical facilities may take days.

Weather conditions can be extreme with ambient temperatures ranging from -40 F to +100 F, prolonged storms, high winds, high altitude, intense sunlight, and sudden immersion in cold water being possible.

Physical demands on the participant may include carrying a backpack weighing between 45-85 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. Elevations on climbing trips can reach more than 22,500 ft.

While participating on a MGI expedition, participants will sleep outdoors and experience long physically demanding days.

MGI disinfects all wilderness water with iodine, chlorine, chlorine dioxide, Miox pen, UV pen, or by boiling. Not all of these methods are effective against cryptosporidium. Individuals with a compromised immune system may wish to obtain an additional appropriate water filter for their course.

In the interest of the personal safety of both the participant and the other expedition members, please consider the questions carefully when completing the health form. A "Yes" answer does not automatically cancel a participant's enrollment. If we have any questions on the participant's capacity to successfully complete the trip we will call the individual to discuss it.

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Physician, F.N.P. or P.A.:

Please check YES or NO for each item. Each question must be answered and please **provide date and details for all “yes” answers.**

General Medical History

1. Respiratory problems? Asthma? YES NO
 Is the asthma well controlled with an inhaler? YES NO

If so, please have the student bring inhaler(s) with them for their course.

What triggers an attack? Last episode? Ever hospitalized?

2. Gastrointestinal disturbances? YES NO
 3. Diabetes? YES NO

Examiner’s specific comments:

4. Bleeding, DVT (deep vein thrombosis) or blood disorders? YES NO
 5. Hepatitis or other liver disease? YES NO

Examiner’s specific comments:

6. Neurological problems? Epilepsy? YES NO
 7. Seizures? YES NO
 8. Dizziness or fainting episodes? YES NO
 9. Migraines? Medications, frequency, are they debilitating? YES NO

6-9. Describe frequency, date of last episode, and severity. ?

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10. Disorders of the urinary or reproductive tract? YES NO
 11. Any disease? YES NO
 12. Does this person see a medical or physical specialist of any kind? YES NO
 IF "yes" please specify the issue(s) and provide name/address of specialist.

Questions 13 and 14 are for Female Participant Only:

13. Treatment or medication for menstrual cramps? YES NO
 14. Is she pregnant? YES NO
 Examiner's specific comments: ?

15. Hypertension? YES NO
 16. Cardiac problems? Unexplained chest pain? YES NO
 Examiner's specific comments:

Cardiac Screening:

A stress ECG is required if the participant is:	Cardiac Risk Factors
1. Over 35 years old and has 2 cardiac risk factors. 2. Over 50 years old and has 1 cardiac risk factor. 3. Over 50 years old and leads a sedentary lifestyle. 4. Any age with a known heart condition. Please provide a written note from your doctor stating the date of the stress ECG and the results	<ul style="list-style-type: none"> • High blood pressure • Diabetes • Current or prior cardiovascular disease • High blood cholesterol • Family history of heart disease (family member who's had a heart attack at less than 55 years of age.) • Smoking

The stress ECG requirement may be waived for participants who are over 50 years of age with no cardiac risk factors and who are in good physical condition. **Their physician must note that the participant has a) no cardiac risk factors and b) excellent cardiac health on page 6 of this form.**

Muscle/Skeletal Injuries/Fractures

- Does the participant currently have or does he/she have a history within the past 3 years of:
 17. Knee, hip or ankle injuries (including sprains) and/or surgery? YES NO

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Type of injury or surgery? When did the injury or surgery occur? _____

Is there full ROM? Full Strength?

YES NO

What is the most rigorous activity participated in since the injury/surgery. Results?

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level) _____

18. Shoulder, knee, arm, or back injuries (including sprains) and/or surgery?

YES NO

Type of injury or surgery? When did the injury or surgery occur? _____

Is there full ROM? Full Strength?

YES NO

What is the most rigorous activity participated in since the injury/surgery. Results? _____

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level): _____

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19. Any other joint problems?

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level): _____

20. Head Injury? Loss of consciousness? For how long?

YES NO

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level): _____

Allergies

21. Is he/she allergic to any foods?

YES NO

Describe: _____

22. Are there any dietary restrictions? Please specify

YES NO

vegetarian vegan other

23. Allergic to insect bites or bee stings?

YES NO

If appropriate please bring 2-3 Epi Pens or Twinjects.

Examiner's specific comments: _____

24. Any other allergies?

YES NO

Examiners Specific comments: _____

25. Water may be disinfected with iodine. Is iodine contraindicated?

YES NO

Medications

26. Is he/she allergic to any medications?

YES NO

If yes, please list: _____





27. Does this person plan to take any prescription or non-prescription medications on the course?
YES NO

MGI courses travel in remote areas where access to medical care may be one or more days away. The participant must understand the use of any prescription medications they may be taking.

Medication	Dosage	Side Effects/Restrictions	Prescribed by?	For What Conditions?

If Medication Or Condition Changes Prior To Course Start Participant Should Inform AMGI.

Cold, Heat, Altitude

28.

History of frostbite or Raynaud's Syndrome? YES NO

29. History of acute mountain sickness, high altitude pulmonary/cerebral edema? YES NO

When did the illness occur? _____

30. History of heat stroke or other heat related illness? YES NO

Examiner's specific comments: _____

Does The Participant Wear Corrective Lenses? YES NO

Fitness (please provide details concerning the participants exercise regime)

Does the participant currently have a history of:

Chronic Lung Disease	YES	NO
Congenital Absence of a Pulmonary Artery	YES	NO
Cyanotic Congenital Heart Disease	YES	NO
Previous Stroke or Pulmonary Embolus	YES	NO
Heart Failure	YES	NO
Severe Angina	YES	NO
Anemia	YES	NO
Sickle Cell Disease	YES	NO

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Please suggest any recommended/required immunizations for the participants trip or course:

Blood Pressure Pulse Last Tetanus Inoculation Height Weight

General Appearance, Impressions and Comments: (If applicable, address cardiac health. See Question #16.):

_____ (_____) _____

Examiner's Name Phone

Street Address State Zip

Please circle: Physician, F.N.P. or P.A. Signature Date

By my signature, I attest that the information in this form is correct and the person named on page one of this form is medically cleared to participate on a AMGI course based on the expedition information provided on page 1 of this form along with the background information provided by the applicant and my physical examination of him/her.

****** MGI requires that all participants bring an antibiotic for gastrointestinal disorders and for respiratory disorders.**

Please prescribe appropriate antibiotics for the participant.
For High altitude expeditions we require that every participant bring 2 250mg tablets of Diamox (Acetazolimide) per day of the expedition, unless it is contraindicated. Participants also need to have 40mg of Dexamethasone in tablet form or another appropriate drug used to treat high altitude cerebral edema as deemed appropriate by their physician.

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