

# MEDICAL REPORT



## GENERAL MEDICAL INFORMATION

If the answer to any of the following questions is YES, please provide further details (e.g., dates of illness, treatment undergone, etc.).

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Trip Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood Type \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_

1.- During the last 5 years, have you suffered any significant illness, been hospitalized or required regular care by a doctor?

YES NO

\_\_\_\_\_

2.- Have you ever had any of the following:

A.- Asthma, tuberculosis, chronic bronchitis, emphysema or any other lung problems?

YES NO

\_\_\_\_\_

B.- High blood pressure, heart problems, or rheumatic fever?

YES NO

\_\_\_\_\_

C.- Gout or arthritis or any back, leg or foot problems?

YES NO

\_\_\_\_\_

D.- Gastric or duodenal ulcer, colitis or intestinal trouble?

YES NO

\_\_\_\_\_

E.- Epilepsy or fits of any kind?

YES NO

\_\_\_\_\_

F.- Depression, anxiety or mental disorder?

YES NO

\_\_\_\_\_

G.- Kidney or bladder disease?

YES NO

\_\_\_\_\_

H.- Diabetes, cancer or tumor of any kind?

YES NO

\_\_\_\_\_

I.- Do you have any allergies or reactions to drugs?

YES NO

\_\_\_\_\_

K.- Do you have any physical or mental limitations, handicaps or prosthesis? Do you have difficulty walking or using crutches, cane or wheelchair?

YES NO

\_\_\_\_\_

L.- Are you pregnant? If so, how many weeks pregnant will you be at time of travel?

YES NO

\_\_\_\_\_

**MEDICAL ADVISOR'S INFORMATION**

The traveler is planning a trip to a remote area, where sophisticated medical facilities could be unavailable. We would like to be sure that each of our passengers is in adequate medical condition for the trip, and that we are fully alerted to any potential health problems. Please note that our trips have different degrees of difficulties. While not strenuous, travellers who participate on such excursions must negotiate a steep gangway, get in and out of landing boats with assistance, and be capable of walking a short distance over uneven and slippery terrain ashore. Please feel free to call us if you have any questions.

**CURRENT MEDICATIONS**

Please list below:

Trade name	Generic Name	Dose/strength	Frequency	Purpose

I, \_\_\_\_\_ have read and understand the tour itinerary and I am aware of the physical requirements of the trip. I declare that I am is physically and psychologically fit to participate in \_\_\_\_\_ (trip name).

I declare the answers to the above questions are true and complete. I agree to this information being made available to One Earth Peru.

**ONE EARTH PERU SAC.**

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