

## MEDICAL INFORMATION

CONFIDENTIAL

All information provided by you in this form will be kept confidential by White Desert Limited. The information provided will be used to assess your fitness and medical status and suitability for a trip to the Antarctic.

Please complete Part 1, including the details of your medical insurance coverage, and then pass the whole form on to your doctor to complete Part 2.

Please return both parts of the form, together with the 'Terms and Conditions' Form and 'Waiver' Form, to White Desert Limited at **121 Westbourne Studios, 242 Acklam Road, London, W10 5JJ.**

If you have any queries regarding the questions below, please contact a member of White Desert Limited.

### PART 1

Mr/Mrs/Ms/Miss (or other title)	First Name or Name by which you wish to be known	Surname
<i>Date of Departure</i>		

Date of Birth (dd /mm/yy)	Age	Sex
Weight (in Kilos)	Height (in ft or cm)	Blood Type
What size feet do you have (UK size)		

1. Please provide details of any illness or medical conditions you have at present or have had in the past. Please also provide details of any operations you may have had recently.

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2. Have you ever had any adverse effects from high altitude? If so, please give details of the altitude and the effect it had on you.

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 .....  
 .....

3. What medications are you currently taking? Please give full details and include dose and frequency taken.

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 .....  
 .....

4. Do you have any physical limitations or disabilities? If yes, please give details:

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 .....  
 .....

5. Do you have any drug allergies? If yes, please explain which ones and give precise details of the effects:

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 .....  
 .....

6. Have you ever had frostbite or associated cold related injuries before? If yes, please give details:

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 .....  
 .....

7. Do you wear contact lenses? YES / NO  
 Do you wear glasses? YES / NO

8. Please evaluate your health: Fair Good Excellent

9. Please evaluate your physical fitness: Fair Good Excellent

Signed: ..... Date: .....

**PART 2**

TO BE COMPLETED BY DOCTOR  
**CONFIDENTIAL**

Dear Doctor,

This person is planning to go on an expedition into the interior of Antarctica. A part of this expedition will involve flying for up to two hours in an unpressurised aircraft (up to 12,000ft). Although the programme is not designed to be particularly strenuous, and professional field guides will accompany this client every step of the way, they may be exposed to very cold conditions. Medical facilities are basic and evacuation to Cape Town, South Africa may take considerable time due to weather conditions. For a more detailed itinerary, please see our company brochure.

White Desert Limited will be given this form in order to assess this person's suitability and may contact you for further details if required.

1. Please provide the following details:

Blood pressure..... Pulse Rate.....  
(regular/irregular)

Respiratory Examination findings:

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.....  
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Cardiovascular findings:

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.....  
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2. Please provide details of any conditions (including treatment) which could affect this person's safety and enjoyment or require monitoring by our staff throughout this expedition:

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3. Do you think this person is fit enough to participate in this expedition YES / NO

4. Does he/she have a sufficient supply of all medication currently being taken for the duration of the trip? We strongly advise that this person should be in possession of at least double the quantity in case of loss or extended weather delays. The effects of cold weather on the medication should also be evaluated and provisioned for.

YES

NO

N/A

5. For the journey to and from South Africa, has he/she been given any vaccinations/treatment (including tetanus, malaria etc)

YES

NO

N/A

If yes, please provide details:

.....  
 .....  
 .....

6. Please confirm that the medical information (particularly regarding current medication) given by this person in Part 1 of this form is correct and complete. If not, please provide further details:

.....  
 .....  
 .....

Signed this ..... day of ....., 20.....

Signature: .....

Doctor's Name:..... (please print)

Address: ..... Surgery Stamp:

.....  
 .....

Surgery telephone number: .....

Telephone in case of emergency: .....

*Thank you for your time and cooperation*

## MEDICAL INSURANCE COVER

Each participant is responsible for any medical expenses and should be covered by their own sickness and accident insurance. Evacuation and repatriation insurance should be no less than 300,000 Euros.

**For White Desert's records, please supply the following details:**

Name of Insurance Company: .....

Policy Number: .....

Address of Insurance Company:

.....  
.....  
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Telephone number: .....

Fax number: .....

What exactly is covered by your policy and to what financial limit (please provide details of any exclusions to your policy):

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