



Yorkshire 3 Peaks Challenge

Medical Form

To be completed by all applicants for "Yorkshire 3 Peaks Challenge" and returned with your Registration Form. All information supplied in this form will be treated as **strictly confidential** and will only be used for the Yorkshire 3 Peaks.

COMPLETE IN BLOCK CAPITALS PLEASE

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

Forenames: Age:

Surname: Height:

Tel. Daytime: Weight:

Tel. Evening:

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.

Do you have a history of any of the following conditions? If yes, please give details in the space provided below:

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

Have you undergone hospital treatment in the last 12 months? Yes No
Any other condition? Yes No

Details: (if you have ticked any of the above please ask your GP to sign the reverse of this form)

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

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Blood Group (if known):

Pre-existing medical conditions and 65's plus If you do have a pre-existing medical condition you must notify us. If you are aged 65 or over or you have a pre-existing medical condition, you must ask your doctor to sign below confirming that you are fit to undertake the Yorkshire 3 Peaks Challenge.

Doctor's signature Date

Printed:

GP Practice stamp:

The Yorkshire 3 Peaks Challenge entails 1 or 2 days trekking and will be physically demanding. Weather conditions could be very varied. Due to the nature of this type of event you will be some distance from the nearest hospitals. However, there will be trained medical personnel on hand and first aid supplies.

Next of Kin Details

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

Address

.....

..... Postcode

Tel (Daytime) Tel (Evening)

Declaration

I 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 Bridge2Aid or 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.

Signed.....

Date

IMPORTANT!

Should any of your medical details change after you have submitted this form, please inform Bridge2Aid immediately. You will be asked to complete a new medical form. It is vital that you remember to do this for your own safety.