

MEDICAL CERTIFICATION FORM

NAME			NRIC	
ADDRESS				
CONTACT:	(H) :	MOBILE:	EMAIL:	

A medical examination, signed by a medical doctor is required to participate in the Kinabalu expedition activities. Please ensure the entire form is completed and returned **at least one month** before the trip. You will not be allowed to participate without this form duly completed and signed.

HEALTH HISTORY - Answer YES or NO to the following and briefly explain all YES answers under REMARKS				
Sinus Condition?		Arthritis?		Hearing/Vision Problems?
Lung Problems?		Diabetes?		Taking prescription medication?
High Blood Pressure?		Hepatitis?		Medical care within past year?
Heart Problems?		Epileptic Fits?		Surgery within the past year?
Fainting / Dizziness?		Peptic Ulcers?		Any reaction to drugs or medication of any type?
Shortness of breath?		Palpitations?		
Skin Infections?		Food Allergies?		
Allergies / Asthma?		Severe Anemia?		
REMARKS on YES answers to Medical history above:				
LIST ANY/ALL MEDICAL FACTS WE SHOULD KNOW IN CASE OF AN EMERGENCY (cont overleaf if needed):				

Date of last Tetanus shot: _____

DO NOT CLIMB if you have a history of suffering from the following ailments: Heart disease, Hypertension, Chronic Asthma, Peptic Ulcer, Severe Anaemia, Diabetes, Epileptic Fits, Arthritis, Palpitation, Heptatis (Jaundice), Muscular cramps, Obesity (overweight) and any other sickness that may be triggered by severe cold, exertion and high altitude.

I know of no physical reason that would restrict me from participation in the activities of the Royal Rangers Kinabalu 2010 Expedition. My signature confirms this and also indicates my permission for emergency medical treatment should the need arise while on this trip.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PARENTS' SIGNATURE: _____ **DATE:** _____
(The signature of a parent or legal guardian is required for participants under the age of 18 years)

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MEDICAL EXAMINATION

"I hereby confirm that the above named has no medical limitations that would restrict him/her from participating in the strenuous activities of this expedition."

REMARKS:

 Name / Signature and stamp of Medical Doctor DATE: _____