

FORM A

IMT MEDICAL CERTIFICATE

Doctor: International Mountain Trekking, Inc. requires that each participant on a trek or climb be examined by a physician to establish his or her medical and mental fitness to engage in strenuous physical activities at high altitude along with the possibility of exposure to cold temperatures. We request that you discuss with your patient any concerns you have regarding his or her ability to safely engage in such activities. Thank you.

Patient Name:		Age/Sex	
Address:		Blood type	
Contact no.:			

This will certify that the above identified patient has been examined by the undersigned on

_____ (MM/DD/YY)

Based on the details provided to me regarding the physical conditions anticipated in the trek and or climb, the personal information provided by the patient and the physical examination, I confirm that the patient is: [Please check below]

Fit to participate in the climb

Not fit to participate in the climb

Any specific recommendations:

HISTORY AND PHYSICAL EXAMINATION			
1. Current condition			
2. Past illnesses			
3. Previous surgery			
4. Smoking / Drugs			
5. Allergies			
Do you have any of the following conditions / have you experienced any of the following symptoms? (Encircle the appropriate answer)			
6. Greater than 20 weeks pregnant		Y	N
7. Uncontrolled hypertension, or suffer from any heart condition with symptoms such as chest pain and easy fatigability?		Y	N
8. Shortness of breath or frequent asthma attacks in the last month?		Y	N
9. Epilepsy or seizures (within 6 months from having been diagnosed)		Y	N
10. Blackouts, fainting, dizziness, vertigo or balance problems within the last 6 months		Y	N
11. A limb, joint or back injury that currently affects fitness, strength or ability to climb independently		Y	N
12. Have you ever climbed a mountain at altitude?		Y	N
13. If the answer to #12 is yes, have you experienced any form of high-altitude sickness or symptoms?		Y	N
15. If the answer to #12 is yes, what is the highest elevation you have climbed?		Y	N
Physical Examination			
General survey			
HEENT			
Chest			
Heart			
Abdomen			
Musculoskeletal			
Neurologic			
Skin			

Signature of physician: _____

License number: _____