



# EVEREST SKYDIVE

## Medical Form

### Medical Information:

Please answer all questions accurately and honestly. No information provided here will be used to exclude anyone from any activity, but may be used to advise you and plan for predictable events. This information will be kept confidential. If you require more space please attach a continuation sheet.

### PERSONAL INFORMATION:

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

Nationality: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

### BASIC MEDICAL INFORMATION:

List any known medical conditions, particularly:

Asthma:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart Problems:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chronic Lung Disease:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Epilepsy:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Current Medications:

Prev. joint dislocation:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Anemia:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diabetes:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Blood disorders:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Prev. pneumothorax:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mental illness	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Prev. bone fracture:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**ALLERGIES:**

**Smoker? (Now or ever?)**

(If yes how many & how long)

**Any surgery in last 10 years?**

(If yes give details)

**Hospital Stays last 10 years?**

(If yes give details)

**RELEVANT TO TREKKING:**

**Is there anything that limits the amount of exercise you can perform?** (e.g. Chest pains, shortness of breath, asthma, joint pains, early fatigue)

**Have you ever experienced Acute Mountain Sickness or High Altitude Pulmonary Oedema / High Altitude Cerebral Oedema?** (If yes give full details – dates, altitude, treatment/action required)

**What is the highest altitude you have been to (excluding flying)?**

**RELEVANT TO SKYDIVING:**

**Have you carried out previous high altitude skydives?** (If yes give details)

**Have you any previous skydiving injuries or incidents?** (If yes give details)

**OTHER:**

**Do you require any visual correction? (Spectacles, contact lenses, laser eye surgery)**

**Do you have any difficulty hearing or equalizing your ears? (Hearing aids, ear surgery, perforation)**

**Is there anything else you think we should know about you?**

*Date*

*Signature*

## **MEDICAL ADVICE:**

- NOW is the time to address any concerns you may have about your suitability for this adventure. There is probably still time to investigate any concerns and gain reassurance. Please don't ask us about your pacemaker on your walk out to the aero plane!
- Although cardio-respiratory fitness does not correlate with susceptibility to altitude sickness, this is an active adventure and the benefits of fitness for your personal enjoyment cannot be emphasized highly enough. It's never too late!
- Jumpers will be in a very low oxygen environment. One of the key factors in oxygen carriage is the amount of red blood cells available in your blood. We would strongly advise all participants now to ask their doctor for a Full Blood Count to eliminate any concerns of occult anemia. Please advise us of the results. No other tests are routinely recommended for jumpers.
- Your lungs are vital for getting oxygen into your blood. Smoking not only reduces the efficiency of your lungs but also the Carbon Monoxide in cigarette smoke renders a proportion of red blood cells permanently incapable of carrying oxygen to your tissues. The benefits of smoking cessation cannot be stressed highly enough for your safety and enjoyment on this trip.
- "The earlier the better." We would discourage anyone from stopping smoking immediately prior to the trip – you are more likely to be coughing and unhappy! (It's too late to rescue those poor blood cells anyway!)
- Anyone sporting a beard or other facial hair will be strongly advised to shave prior to using the oxygen system for jumping– beards impede the seal around the mask and reduce its effectiveness.
- As mentioned elsewhere in your information pack, you must remember to bring personal medications with you. We have emergency medical supplies only and don't expect to be using them at all!

**Please Send this Form to:**

**Wendy Elizabeth Smith**

INDASKY, MASIION DE AIR

AERODROME DE GAP TALLARD

O5130, TALLARD

FRANCE

Tel: +33 634267 097

Email: [jump@everest-skydive.com](mailto:jump@everest-skydive.com)

OR

**Suman Pandey**

EXPLORE HIMALAYA TRAVEL & ADVENTURE

AMRIT MARG, BHAGBANBAHAL, THAMEL

P.O.BOX. NO: 4902

KATHMANDU, NEPAL.

Tel: +977 1 4418100 / 4418400 / 4413734

Fax: +977 1 4412888

Mobile: +977 98510 20294



**EVEREST SKYDIVE**

[www.everest-skydive.com](http://www.everest-skydive.com)