

Medical Clearance From

On Track Expeditions Pty Ltd; ACN 166 812 442

Medical Practitioner information This information is to assist you, the medical practitioner, in making an accurate assessment as to whether the participant has met the necessary health and fitness requirements to perform a trekking expedition. Trekkers need to have a good level of physical fitness and be specifically prepared for the challenge of the expedition.

Information to be considered:

- 6-8 hours of strenuous walking consecutively for 6 to 15 days, with steep inclines lasting 3 - 4 hours and equally steep declines. The client needs to have a healthy cardiovascular system and have functionality in their joints.
- The temperature is dependent on the expedition undertaken. Please ask where they are heading and use the blow table:

Kokoda	- between 25-30 degrees, humidity is often over 80%.
Mt Kilimanjaro	- between 25-30 degrees to begin with - reducing to -15 and -20 degrees at the summit/overnight
Everest Base Camp	- is between -5 and 10 degrees during most days - reducing to -15 and -20 degrees at the summit/overnight
Overland Track	- is between 5 and 25 degrees during most days - can drop below 0 degrees most nights and some days

* Temperature in degrees Celsius

- The area is remote and in the event of a medical emergency, evacuation is only possibly by helicopter
- The trekker will be carrying his or her own pack, approximately 15kgs once food and water are added. We ask that you, the medical practitioner, please complete the below:
- Undertake any testing you believe is appropriate.
- Prescribe appropriate medication (e.g. malaria prophylaxis, antibiotics, anti-nausea, bowel management, etc.) for use by your patient should it be required.
- Check the patient’s immunisation history and advise on relevant immunisations.
- Sign the form on the following page and provide any other relevant information. Thank you kindly for your co-operation.





Medical Clearance Form

I have examined _____ and confirm that he/she has a good standard of physical fitness and no medical issues that would prevent participation in a trekking Expedition.

NAME	DOCTOR'S STAMP ***
SIGNATURE	
DATE	

Please provide further details if necessary, in the space below. (Allergies, recent surgery, history of injuries, etc) :

