



200-1807 Maritime Mews, Vancouver, BC, V6H 3W7, Canada. Toll Free: 1.888.805.0061 Local: 1.604.731.2442 Fax: 1.604.677.5514 Email: info@bikehike.com

CONFIDENTIAL MEDICAL REPORT

Note: This form must not be completed by a doctor on his/her own behalf.

Tour: _____ Departure: _____

Mr/Mrs/Miss/Ms: _____

is booked with us to participate in a physical outdoor adventure. We ask all our participants who are over 60 years of age to have a sound medical checkup before the departure of the trip and ask for your kind co-operation in this matter.

We ask that you do a thorough medical examination of him/her, paying particular attention to the questions below, and making any suggestion that you think may be of use to him/her, us or to the leader of the tour.

We respect the need for this information to remain confidential and know that you understand how vital it is that we only take people who are in good health on this type of adventure.

Please supply dates detailing history of any conditions your patient may have had or now has, frequency of problem, factors which generally bring on the problem, factors that generally bring on the problem, medication required, side effects or dietary requirements and resulting condition of patient.

Does he/she suffer from high blood pressure? _____

Does he/she have a heart condition? _____

Does he/she suffer from any bronchial disorder? _____

Is he/she an asthmatic? _____

Does he/she have seizure disorder/epilepsy? _____

Has he/she ever suffered any chronic illness requiring medication (e.g. cancer, heart disease, lung disease, diabetes, HIV, etc.)? _____

Please supply dates. _____

Has he/she had any muscular skeletal problems (i.e. joint, muscular, back, ankles, knees, etc. in the past five years)?

Has he/she had a surgical operation in the last five years that would affect training/activity level? _____

Are there any problems that continue in relation to the above two questions? _____

Do you foresee any problems related to your patient's participation in a BikeHike Adventures Inc. adventure (i.e. physically demanding activities like biking, hiking, rafting, kayaking, horseback riding, rappelling, etc.)? _____

Please provide any general remarks, which you consider to be important. _____

Is the above named person fit and capable of undertaking our adventure? _____

Signed: _____ Date: _____

Telephone contact of Doctor: _____