

Participant Medical Information Form - High Altitude Treks

Please read the notes below carefully before you fill in this form

All potential participants on our challenge events are required to complete one of our medical forms. Dedicated personnel will look at the forms, and may forward details on to our doctor for advice. All information will be treated as strictly confidential.

We request medical information from you in an endeavour to minimise risks to all participants, and for that reason ask that you disclose all your medical history. Scope and the tour operator cannot accept any responsibility in the event that you do not fully disclose all relevant details. Our policy is to encourage and support as many people as possible to take part in our challenges. We nevertheless reserve the right to reject your application to participate in this event if recommended to do so by our medical advisor.

The event in which you will be participating is challenging and will require a good level of fitness, strength and endurance. You should check with your doctor to ensure that you are sufficiently fit and healthy to participate. You should take into account that medical and other facilities at the destination are likely to be inferior to those in the UK and that some parts of the route will be away from main cities and hospitals, in remote locations.

There will be trained medical personnel on hand who will be able to provide treatment for minor injuries, and first aid support in the event of a more serious injury or medical problem. Should you require more medical attention than can safely be provided on site, the medical officer and staff team will arrange appropriate evacuation and transfer to the nearest, most appropriate, hospital or medical centre.

If you develop any new medical conditions or experience worsening of existing conditions after returning this form, you must inform Scope.

If you, or your GP, have any medical queries you would like to discuss with the tour operator's Medical Advisor, please contact the Scope office and we will be happy to arrange this.

Please complete in BLOCK capitals

PART ONE – to be completed by each participant

Challenge _____ Event date _____

Title (Mr/Mrs/Miss/Ms/Dr) _____ Date of birth _____ Age _____

Surname _____ Forenames _____

Address _____

Tel (day) _____ Tel(eve) _____

Mobile _____ E-mail _____

Height (metres) _____ Weight (kg) _____

Participant name: _____

Do you have a history of any of the following conditions?

1. Raised blood pressure Yes / No

If yes, please list the dates and values of your last three blood pressure readings:

Date			
BP (mmHg)			

2. Heart or circulatory failure Yes / No

Details _____

3. Blood clots, in particular DVT (clot in leg) or PE (clot in lung) Yes / No

Details _____

4. Chest or lung disease Yes / No

Details _____

5. Asthma Yes / No

If yes, have you ever:

Had to be hospitalised Yes / No

If yes when

Had to take steroid tablets Yes / No

6. Epilepsy Yes / No

Details _____

7. Diabetes Yes / No

If yes, do you have type I or type II diabetes _____

Please list the dates and values of your last three HbA1c readings:

Date			
HbA1c (%)			

8. Digestive or bowel disorders Yes / No

Details _____

Participant name: _____

9. Haematological or blood disorders Yes / No

Details _____

10. Cerebral disease e.g. stroke, head injury, tumour Yes / No

Details _____

11. Past injuries e.g. fractures, sprains Yes / No

Details _____

12. Operations Yes / No

Details _____

13. Mental health problems Yes / No

Details (including any admission dates, any sections, specific diagnosis)

14. Allergies Yes / No

Details _____

15. Heat illness or cold injury Yes / No

Details _____

16. Thyroid disease, or other endocrine disorder Yes / No

If yes, please give the date and values of your last thyroid function tests

Date	TSH	T4

Please list any medications you are currently taking:

If you have any other medical condition not disclosed above, please give details here:

Participant name: _____

Have you any experience of trekking at altitude? If yes, please give details below, and the height you trekked and any symptoms of altitude you experienced:

I certify that I have read and understand this medical form. The information I have given is correct. In the event of illness or an accident on the trip, I hereby give permission for the tour operator medical staff to initiate medical treatment, and to notify my next of kin in case of hospitalisation.

Signed: _____ Date: _____

I certify that I have read and understand the attached notes on altitude and health, and that I accept the risk travelling to altitude entails.

Signed: _____ Date: _____

I hereby give permission for the tour operator's medical advisor to discuss medical conditions relevant to this challenge with either my GP or hospital specialist

Signed: _____ Date: _____

PART TWO – to be completed by the participant's GP

The challenge this participant has applied for involves trekking at altitude.

I have read this medical form, including the attached notes. The information given by the participant is correct, and no significant medical history contained in the patient's medical records has been withheld.

I confirm that, to my knowledge, the participant has no physical or mental health problems that should preclude them from undertaking this high altitude challenge.

GP signature: _____ Date: _____

GP Practice Stamp:

Tel: _____ Fax: _____

Please return this completed medical form to:

***Events Fundraising, Scope
6 Market Road, London N7 9PW
Tel: 0207 619 7100***

Participant name: _____

The Ultimate Travel Company High Altitude Notes

You have applied to take part in a high altitude trek. It is very important that you read these notes, so that you are fully aware of the significance of travelling to altitude, and of the risks involved.

Each year more and more people travel to high altitude areas. Unfortunately, at elevations above 2500m, because of the relative shortage of oxygen, one can develop a syndrome of unpleasant symptoms known as acute mountain sickness (AMS).

Altitude is defined as:

- 1500 – 3500m high altitude
- 2500 – 5500m very high altitude
- above 5500m extreme altitude

Certain *normal* physiological changes occur in every person who goes to altitude, and should be expected:

- hyperventilation (breathing faster)
- shortness of breath on exercise
- changed breathing pattern at night
- frequent waking at night
- increased urination

These processes reflect the body acclimatizing to the decreased availability of oxygen at high altitudes. It is a slow process, taking place over a period of days to weeks.

Individuals vary widely in the height at which they develop symptoms, the speed of onset of AMS, and the severity of their illness. There is unfortunately no way of predicting whom AMS will seriously trouble and who will escape it. It is tempting to suppose that being physically fit would help in prevention, but unfortunately this does not seem to be the case.

AMS is a spectrum of illness that represents your body not being acclimatized to its current altitude, and varies from mild to life-threatening. The diagnosis of mild AMS is made when the following symptoms are present after a recent ascent above 2500m:

Headache plus one or more of the following:

- loss of appetite, nausea or vomiting
- fatigue or weakness
- dizziness or light-headedness
- difficulty sleeping

The mainstay of treatment is rest, fluids and mild painkillers such as paracetamol, aspirin, or ibuprofen. The natural progression for AMS is for it to get better, as long as you do not climb higher. Descent is also an option, and recovery will be rapid. Unfortunately a very small number of people develop one or both of the more severe forms of AMS: High Altitude Cerebral Edema (HACE) or High Altitude Pulmonary Oedema (HAPE).

Participant name: _____

HACE

The vast majority of cases of HACE occur in persons who *ascend* with symptoms of early AMS, so in all but a very few cases may be avoided. In HACE the brain swells and ceases to function properly. HACE can progress rapidly, and can be fatal in a matter of a few hours to one or two days. The hallmark of HACE is a change in mentation, or the ability to think. There may be confusion, changes in behaviour or lethargy. There is also a characteristic loss of co-ordination, that leads to a staggering walk, similar to that of someone with alcohol intoxication.

A doctor is able to administer some medication which may be of help, however the mainstay of treatment is immediate descent, day or night.

People with HACE usually survive if they descend soon enough, and recovery is normally complete.

HAPE

Another form of severe altitude illness is High Altitude Pulmonary Edema, or fluid in the lungs. Signs and symptoms of HAPE include any of the following:

- extreme fatigue
- breathlessness at rest
- fast, shallow breathing
- cough, possibly with frothy or pink sputum
- chest tightness
- drowsiness

Immediate descent, with oxygen if possible, is the treatment of choice. HAPE resolves rapidly with descent, and one or two days of rest at a lower elevation may be adequate for complete recovery.

Preventing AMS

The key to avoiding AMS is a gradual ascent that gives your body time to acclimatize.

Several drugs have been promoted as helpful in preventing AMS:

Acetazolamide (Diamox®) – as yet there is still no consensus on whether or not it is advisable to take acetazolamide to prevent AMS. It is, however, widely used by individuals travelling to altitude and may help to prevent AMS. It works by increasing the amount of urine produced, and thus reducing fluid retention. It also alters the pH of the blood, leading to an increase in breathing, particularly at night. In the UK it is widely used to treat glaucoma (a disease of high pressure in the eyes), is generally well tolerated, but does have side effects, the most common of which are: Tingling of fingers, toes and around the mouth, nausea, increased urination, and altered taste sensation. As with all drugs there are many other rarer side effects, some of which are serious.

In the UK, acetazolamide is fairly widely prescribed for prevention of AMS, but is not licensed for this indication. Therefore your GP may, or may not, be happy to prescribe it.

If you do choose to take acetazolamide the recommended dose is 125-250 mg twice daily starting 24 hours before ascent to 2500m.

Ginkgo biloba extract – some early work with Ginkgo biloba extract was encouraging with regards to its use in preventing AMS, but some recent large, well-designed studies have shown no benefit.

Participant name: _____

Our policy on AMS

All of the above makes very sobering reading, and is designed to help you make an informed choice as to whether you wish to embark on this Challenge. However I can reassure you that we work very hard to minimise the risks of AMS, in the following ways:

- ✓ Carefully planning itineraries
- ✓ Employing experienced trek leaders
- ✓ Ensuring our doctors have good knowledge of AMS, and comprehensive medical kit
- ✓ Planning good evacuation procedures

We, Ultimate Travel Company, have organised over 70 trips to areas of high / very high altitude, and have an extremely good record of health and safety.

Dr Sarah Hollis
Oct 2006
Revision date: Oct 2008

Acknowledgements:

UIAA - Mountain Medicine Information Sheet
Medex – An Overview of High Altitude Illness
ISMM – An Altitude Tutorial

Participant name: _____