

MEDICAL FORM

Information for medical practitioner:

Our client intends to complete an 8-day hike over the Kokoda Track in PNG. The terrain is extremely steep, slippery and muddy with some ascents taking 1 ½ hrs to complete and some descents 2 ½ hrs (continuous walking). The weather can be hot and humid during the day and very cool at night, particularly at the higher altitudes of 2100m.

Walking times per day will be on average 8 hrs a day.

We would appreciate your assessment as to whether you consider this person to be fit enough to complete the hike safely with regards to their current state of health.

Client Details			
First Name		Surname	
DOB/...../.....	Sex	Male / Female
Height		Weight	

Current relevant medical conditions		
Condition	Duration	Current treatment

Current medications	
Medication name	Dose / Frequency

Known allergies

Risk Factors		
Diabetes	Yes	No
Hypertension	Yes	No
High cholesterol	Yes	No
Family history of heart disease	Yes	No
Smoker	Yes	No
Asthma / respiratory disease	Yes	No
Back issues – past surgery/current issues	Yes	No
Musculoskeletal issues - joints	Yes	No

Recommended tests (based upon assessment of current fitness/activity level)		
Echo Stress test <i>(Recommended best test for all over 45yo, with any FH cardiac disease or cardiac risk factor for prognostic reasons)</i>	Yes	No
Exercise Stress Test <i>(Recommended if Echo stress testing not readily available. For all over 45yo, with any FH cardiac disease or cardiac risk factor)</i>	Yes	No
Respiratory function test <i>(if has significant respiratory disease)</i>	Yes	No
Other		

Summary	
I believe this person IS capable of taking part in the Trek	<input type="checkbox"/>
I believe this person IS NOT capable of taking part in the Trek	<input type="checkbox"/>

Doctors Name		Stamp
Signature		
Date		