

## **Ultimate Expedition Climbing Guides Medical Checklist - Overnight Trips Only**

The following is a short and confidential questionnaire to help your guide provide you with a safer mountain experience. Please take the time to completely answer the questions. If you have any questions please don't hesitate to ask your guide or a representative from Ultimate Expedition in our office. We all want you to have the best trip possible.

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Trip Description & Start Date: \_\_\_\_\_

1. Do you take any prescribed or over the counter medications or pills?

Yes/ No

If yes, please list:

2. Are you bringing any medications or pills on this trip not listed above?

Yes/ No

If yes, please list:

3. Do you have any allergies to food or medication or otherwise? Yes/ No

If yes, please describe:

4. Have you ever had a severe allergic reaction or recent asthma attack?

Yes/No

If yes, please describe:

5. Do you have any conditions, medical or physical, that might interfere with your ability to participate in this strenuous physical activity? Yes/No

If yes, please describe:

6. Have you had Lasik or other corrective eye surgery?

Yes/No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to Ultimate Expedition, Inc.**