

MEDICAL INFORMATION

CONFIDENTIAL

All information provided by you in this form will be kept confidential by White Desert Limited. The information provided will be used to assess your fitness and medical status and suitability for a trip to the Antarctic.

Please complete Part 1, including the details of your medical insurance coverage, and then pass the whole form on to your doctor to complete Part 2.

Whilst we have an experienced doctor in camp at all times, please be aware that there is no hospital and any evacuation will be protracted. If your doctor has any questions regarding your suitability for the trip, it is possible for him/her to discuss these concerns with our company doctor. Please contact Catherine at White Desert on either +27 79 759 3499 or Catherine@white-desert.com to arrange this call.

Please return both parts of the form, together with the 'Terms and Conditions' Form and 'Waiver' Form, to Catherine@white-desert.com

PART 1

Mr/Mrs/Ms/Miss (or other title)	First Name or Name by which you wish to be known	Surname
<i>Date of Departure</i>		

Date of Birth (dd /mm/yy)	Age	Sex
Weight (in Kilos)	Height (in ft or cm)	Shoe Size (US)

MEDICAL HISTORY

Please provide details of any illness or medical conditions you have at present or have had in the past.

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Please provide details of any operations you may have had recently, including date (month / year).

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Please give details of any abdominal issues you have (incontinence/digestive problems). Please note that bathroom facilities can be rudimentary during elements of the programme.

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What medications are you currently taking? Please give full details and include dose and frequency taken. (Please print clearly)

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Please specify any anticoagulants that you are taking, including dose and reason for taking.

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Do you have any drug allergies? If yes, please state which ones and give precise details of the effects:

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ALTITUDE & COLD

Please note: during your trip to the South Pole, you will be exposed to high altitudes in remote locations for an extended period of time. Whilst you will be accompanied by a doctor for the duration of the excursion, such locations can make treatment complex and descent to sea level will be protracted.

Have you ever had any adverse effects from high altitude? If so, please give details (altitude, duration at altitude, effect, drugs taken)

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Have you ever had frostbite or associated cold related injuries before? If yes, please give details:

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PHYSICAL FITNESS

How often do you exercise/do sport?

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What time/distance are you comfortable walking?

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Do you feel comfortable walking on uneven ground (eg. Hiking trails with rocks)? If not, please give details.

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Do you have any physical limitations or disabilities which make activity difficult? If yes, please give details.

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VISION

1. Do you have a history of UV-related eye problems? YES / NO
2. Do you wear contact lenses? YES / NO
If so, please bring glasses with you.

Signed: Date:

PART 2

TO BE COMPLETED BY DOCTOR
CONFIDENTIAL

Dear Doctor,

This person is planning to go on an expedition into the interior of Antarctica. A part of this expedition will involve flying for up to two hours in an unpressurised aircraft (up to 12,000ft). Although the programme is not designed to be particularly strenuous, and professional field guides will accompany this client every step of the way, they may be exposed to very cold conditions. Medical facilities are basic and evacuation to Cape Town, South Africa may take considerable time due to weather conditions. For a more detailed itinerary, please see our company brochure.

White Desert Limited will be given this form in order to assess this person's suitability and may contact you for further details if required.

1. Please provide the following details:

Blood pressure..... Pulse Rate.....
(regular/irregular)

Respiratory Examination findings:

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Cardiovascular findings:

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Neurological status (coordination / balance):

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2. Please provide details of any conditions (including treatment) which could affect this person's safety and enjoyment or require monitoring by our staff throughout this expedition:

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3. Do you think this person is fit enough to participate in this expedition YES / NO
4. Does he/she have a sufficient supply of **all** medication currently being taken for the duration of the trip? We strongly advise that this person should be in possession of at least double the quantity in case of loss or extended weather delays. The effects of cold weather on the medication should also be evaluated and provisioned for.

YES NO N/A

5. For the journey to and from South Africa, has he/she been given any vaccinations/treatment (including tetanus, malaria etc)

YES NO N/A

If yes, please provide details:

.....

6. Please confirm that the medical information (particularly regarding current medication) given by this person in Part 1 of this form is correct and complete. If not, please provide further details:

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Date:.....

Signature:

Doctor's Name:..... (please print)

Address:**Surgery Stamp*:**

.....

Surgery telephone number:

Telephone in case of emergency:

*Surgery stamp must be included for the form to be accepted

Thank you for your time and cooperation

MEDICAL INSURANCE COVER

Each participant is responsible for any medical expenses and should be covered by their own sickness and accident insurance. Evacuation and repatriation insurance should be no less than 300,000 Euros.

For White Desert's records, please supply the following details:

Name of Insurance Company:

Policy Number:

Address of Insurance Company:

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Telephone number:

Fax number:

What exactly is covered by your policy and to what financial limit (please provide details of any exclusions to your policy):

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