

GUEST MEDICAL INFORMATION FORM (CONFIDENTIAL)

The information provided by you will help us to assess your fitness and suitability for a trip to Antarctica. It enables the medical team to ensure a safe and enjoyable trip. All information provided by you in this form will be kept strictly confidential by the medical team for White Desert, please complete it fully and honestly.

Please ask if there are questions you are not sure of. Be aware that failure to disclose a medical condition can invalidate insurance and prevent or delay evacuation and repatriation.

Please return both parts of the form, together with the 'Waiver' Form, to your guest liaison at guestadmin@white-desert.com.

PART 1

Mr/Mrs/Ms/Miss or other title	First name or name by which you wish to be known	Surname
Date of departure	Passport number	Nationality
Date of birth (dd/mm/yyyy)	Age	Sex
Weight (in kilos)	Height (in feet)	Shoe size (US)

EMERGENCY CONTACT (NEXT OF KIN)

Name	Relationship
Telephone	Mobile
E-mail address	

○ MEDICAL HISTORY

● Have you ever had any of the following?

○ Heart/cardiac/blood vessel problems? e.g. *high blood pressure, heart attack, angina, cardiac surgery, DVT (deep vein thrombosis).*

YES NO

○ Respiratory (lung) problems? e.g. *COPD, asthma, pneumothorax, pneumonia, pulmonary embolism, lung surgery, TB.*

YES NO

○ Abdominal (bowel) problems? e.g. *Hernia, stomach ulcer, acid reflux, IBS, IBD, abdominal surgery, chronic constipation/diarrhoea.*

YES NO

○ Kidney/urinary/liver problems? e.g. *recurrent cystitis, liver failure, jaundice, hepatitis, kidney failure, pyelonephritis.*

YES NO

○ Neurological problems? e.g. *epilepsy, stroke seizures, fainting, migraines, brain injury, MS.*

YES NO

○ Hormone or endocrine problems? e.g. *Diabetes, thyroid problems, Addison's disease.*

YES NO

○ Mental health problems?

YES NO

○ Haematological problems? e.g. *anaemia, sickle cell disease, leukaemia.*

YES NO

○ Cold related problems? e.g. *frostbite, frost nip, raynaud's, hypothermia.*

YES NO

○ Any food allergies or intolerances?

YES NO

If you have answered 'YES' for any of the mentions above, please provide details:

- Are you currently seeking specialist advice or treatment for any other medical conditions not mentioned above?

YES NO

If yes, please provide details:

- Have you ever suffered from a medical condition not mentioned above which required surgery, admission to hospital or long term treatment?

YES NO

If yes, please provide details:

- Are there any concerns that you would like to raise with the medical team in confidence prior to the trip not mentioned here?

YES NO

If yes please contact guestadmin@white-desert.com

- Are you currently taking any regular medications?

YES NO

If yes, please provide details. Please include contraceptive medicine/devices, over the counter medicines, inhalers, creams and herbal remedies:

- Have you ever had an allergic reaction to any medication?

YES NO

If yes, please provide the name of the medication and the type of reaction and treatment involved:

- Have you ever been to high altitude? (elevations over 3,000m)

YES NO

If yes, did you suffer any altitude related illness?

YES NO

○ GENERAL FITNESS

- Please rate your physical fitness:

EXCELLENT GOOD FAIR POOR

● Do you have any form of physical or mental disability which may impact your ability to take part in outdoor activities?

YES NO

If yes please provide details

● Do you feel comfortable walking on uneven ground? *e.g. trails with rocks / ice.*

YES NO

If no, please provide details:

● Do you smoke?

YES NO

VISION

● Do you have a history of UV related eye problems? *e.g. photokeratitis or snow blindness*

YES NO

● Have you ever had any eye surgery including laser?

YES NO

If yes, please provide details:

● Do you wear contact lenses?

YES NO

If yes please bring glasses with you.

○ OTHER

● What is your blood group if known?

● Have you ever had a blood transfusion?

YES NO

If yes, please provide details:

COVID 19

All staff and guests will be expected to be vaccinated before going into Antarctica or have proof of adequate antibodies from a recent Covid recovery. Guests may be required to provide proof and date of vaccination along with their medical forms.

● In the last 3 months have you had:

Symptoms of Covid-19? e.g. new persistent cough, loss of sense of smell/taste, fever?

YES NO

A test for Covid-19?

YES NO

A Covid-19 vaccination?

YES NO

A flu vaccination?

YES NO

● If you have answered 'YES' to any of the mentions above, please provide details:

Name

Date

Signature

By checking this box, I state that I have read and understood this form.

PART 2

Dear Doctor,

This person is planning to go on an expedition into the interior of Antarctica. A part of this expedition will involve flying 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.

● Please provide the following details:

○ Blood pressure _____ Pulse Rate _____
(regular/irregular)

○ Respiratory Examination findings: _____

● Respiratory Rate _____ Oxygen Saturation _____

○ Cardiovascular findings: _____

○ Neurological status (coordination/balance): _____

○ 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:

● Do you think this person is fit enough to participate in this expedition YES NO

○ 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

Initials:

• 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:

• 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:

Doctor's Name (please print) _____

Address _____

Surgery Stamp*

Surgery telephone number _____

Telephone in case of emergency: _____

Date _____

Signature

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 US\$500,000.

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

● Name of Insurance Company:

● Policy Number:

● Address of Insurance Company:

● Telephone Number:

● Fax Number:

Please confirm that your insurance covers the Antarctic region and all activities that you will be undertaking as part of your trip:

YES

NO

● Description of insurance cover, financial limits and any exclusions: