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Name of Participant: _____

Who is this for:

This document is ONLY for previous Chessell Adventures' clients who have in the last 5 years submitted a Medical Advisor's Opinion and Medical Details form. You can choose in this case NOT to return a medical advisors form unless requested to do so by Chessell Adventures, but we strongly recommend you visit your doctor and dentist before any Chessell Adventures' expedition. After review of your previous medical form, the trip applied for, previous history with us and this document we may not require you to re-submit new Medical Advisor's Opinion and Medical Details form.

Please answer ALL questions thoroughly and in depth so our medical advisor can establish if this information will suffice for the purposes of keeping you healthy and our Chessell Adventures trip leader informed, thanks.

Your mobile phone number:

Trip applied for:

Previous Trip/Program(s):

DOB:

Please list any issues which have arisen since completion of your LAST Medical Advisor's Opinion:

Any illnesses that have required you to seek medical advice since the last medical form? If yes, please list.

Any operations or medical/dental procedures since the last medical form?

Any medical investigations (eg ECG, X-Rays, blood tests etc) since your last medical form?

Are you taking any regular medication? If so please list.

Any new or known allergies?



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Name of Participant: _____

Have you had any new immunisations since your last medical form?

Any broken bones, dislocations or traumatic injury?

Any significant weight increase (>10kg)?

Any new medical conditions you feel the expedition leader and/or medical advisor should be made aware of?

For clients whose trip aims to go above 3000m: have you been to altitude since your last trip? If so did you suffer any complications?

Signed

Date