



Self-Medical Declaration Form

Personal details

Name:

Age:

Blood Group:

Weight (in kgs):

1. Any previous illness - past 3 months (mention the nature and duration of illness)

2. Any previous injuries – past 6 months (accident/sprain/fracture, etc.)

Present condition _____

3. Any operation undergone – past 6 months (mention the nature and result of the operation)

4. Are you under medication of any kind? If yes, please mention details & medicines being taken

5. Do you have any drug allergies?

6. Do you have any history of breathlessness? (Yes/No): _____

*This document has to be printed, filled in, signed and handed over to the tour leader on the day of arrival for your expedition or scanned PDF can be shared beforehand.



7. Do you have any history of chest pain? (Yes/No): _____

8. Have you ever suffered from Asthma or Pleurisy? (Yes/No): _____

9. Any history of giddiness or fainting attacks (Yes/No): _____

10. Any history of palpitations (Yes/No): _____

11. Any history of dysentery or jaundice (Yes/No): _____

12. Any history of recurring pain in the abdomen (Yes/No): _____ If

there is any other information related to your health that would be useful to us in the case of emergencies, please mention them below.

I _____, certify that the information mentioned above is true and correct to the best of my knowledge. I have not hidden any medical condition and have disclosed all my medical information to Dare2Gear which will be useful to them in the case of an emergency.

Place:

Date:

Signature

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