

# APPENDICES

# I PRE-EXPEDITION MEDICAL QUESTIONNAIRE

**Name:**

**Date:**

**Address:**

Home telephone:

Work telephone:

Fax number:

**Age:**

**Date of Birth:**

**Passport details:**

Nationality:

Passport number:

Place of issue:

Date of issue:

Date of expiry:

**Next of kin:**

Name:

Address:

Telephone/fax:

Relationship:

**GP details:**

Name:

Address:

Telephone/fax:

**Current medical problems:**

- 1.
- 2.
- 3.

