



Medical Form

Name: _____

Please give detailed answers and use the back of this form if needed.

Height: _____ Weight: _____ What is the general state of your health? _____

List any physical limitations or medical conditions that might restrict your ability to fully participate in this expedition: _____

Have you ever had frostbite or any cold-related injuries? No Yes If Yes please describe: _____

Do you have back or knee problems? No Yes If Yes please describe: _____

List any medications you will be taking on this trip and why: _____

Do you have allergies to food or medications? Please list: _____

Do you have any dietary restrictions? None Vegetarian Other (specify) _____

Do you wear glasses or contact lenses? No Yes _____

Have you had corrective eye surgery? List date and type: _____

Fitness and Mountaineering Experience

Please describe your fitness program: _____

Please describe your mountaineering/outdoor experience: _____

Your signature: _____ Printed name: _____

Today's date: MM/DD/YEAR _____ Name and Date of Expedition/Course: _____

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