

Medical
Questionnaire



Please answer the below questions as accurately and thoroughly as possible. Use a separate piece of paper if there is not enough room below each question. This form will be kept CONFIDENTIAL.

1. Do you have any physical injuries or limitations? If yes, please describe.
2. List all past surgeries and dates of operation.
3. Do you have high blood pressure? If yes, please describe condition and present treatment.
4. Are you taking any long-term prescription drugs? If yes, please give drug names, for what conditions, dosages, and how long you have been taken them.
5. In addition to the above, will you take any drugs during the climb? If yes, please describe.
6. Have you ever had frostbite or another cold weather injury? If yes, please describe.
7. Have you ever had altitude illness? If yes, please describe symptoms, rate-of-ascent, altitude reached, drugs taken, and outcome.
8. Do you have any food and/or drug allergies? If yes, please describe.
9. Your height: _____ Your weight: _____ Do you smoke? _____
10. Is there other relevant health information we may need to know?

Signature: _____

Print Name: _____

Today's Date: _____