

REGISTRATION AND MEDICAL FORM

Expedition	
Departure Date	
Deposit	£295

PERSONAL DETAILS

Title:	
Surname:	
First Name:	
Address:	
Contact Numbers:	
Email address:	
Date of Birth (dd/mm/yy):	
Occupation:	
Passport Number	
Place of Issue	
Issue Date	
Expiry Date	

PAYMENT DETAILS:

Upon registration, please pay the deposit of **£295** to: **2 Wish Upon A Star**
Sort Code: 30-67-64 | Acc Num: 17888768 .

REGISTRATION CONDITIONS:

- The deposit is non-refundable
- You must be 18 years or older by the expedition departure date
- You must hold valid travel insurance that also covers air evacuation and repatriations, and make sure the insurance company are aware of any medical conditions you have.
- JT Expeditions reserve the right to refuse entry to this expedition
- You must organise your own visas where applicable
- Your passport must be valid for the whole duration of your stay as an absolute minimum
- **Full terms and conditions of booking will be issued to you upon registration**

MEDICAL QUESTIONNAIRE:

Please complete the forms below with as much accuracy as is possible, it is for your personal safety and is your responsibility to inform us of any issues relating to your health and fitness. Please update JT Expeditions with any changes to your medical and personal information after filling out this form. Any medical conditions do not necessarily affect your suitability for an expedition with JT Expeditions. All information will be confidential and only shared with medical advisors, the expedition staff and the expedition medic.

NEXT OF KIN

Next of kin must be a relative or friend who is not present during the expedition. It is essential that our information is kept up to date prior to and during the expedition therefore please inform us immediately of any changes to your information.

Relationship to you:	
Name:	
Address:	
Postcode:	
Daytime/mobile number:	
Evening/landline number:	

YOUR GP

Name of your GP:	
Doctor's surgery address & postcode:	
GP's contact telephone number:	
Emergency contact telephone number:	

Do you, or have you ever suffered from (please tick appropriate):

Vertigo	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart trouble and/or blood pressure problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma, bronchitis and/or shortness of breath	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy and/or fainting attacks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Migraine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Severe head injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Back problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fractures, tendon, ligament/cartilage damage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Physical or other disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Psychiatric or mental illness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sickle cell anaemia / sickle cell trait or another inherited blood disease *	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other ailment, complaint or medical condition which might affect your ability to take part in the planned activity	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Have you / do you / are you (please tick appropriate):

Attended hospital/doctors for any investigations, treatment or medication in the last two years	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have any forthcoming medical appointments (other than routine check-ups)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Suffering from or a carrier of any infectious diseases	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Smoke	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How many per day on average?				
How much alcohol do you consume on average per week? (units)				
A history of any medical problems in your family	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Suffer from any other conditions that are not stated above	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Currently use any form of medication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
When was the date of your last Tetanus injection?				

DOCTORS SIGNATURE

If you have a significant pre-existing medical condition or you have received hospital treatment within 2 years of the expedition, you must ask your doctor to sign below confirming that you are fit to undertake the expedition. We may also require a doctors signature if you are over the age of 60.

I confirm that I have read the itinerary my patient is planning to undertake and declare them medically fit and able to take part.

Signature:	Print Name:
Date:	GMC Number:

DECLARATION & CONSENT

I confirm that the information I have given above provide a true and complete representation (to the best of my knowledge) of my medical history and current conditions. I declare that I am physically and mentally capable of participating safely.

I understand that overseas expeditions, the associated recreational activities, and trekking activities have risks that are possibly dangerous. I understand that although JT Expeditions will teach me how to manage these risks and will imply appropriate procedures and risk assessments to help minimise and manage them, JT Expeditions can never remove them. I confirm that I accept responsibility for my own actions and involvement when participating in this expedition, and confirm that I will not act in an inappropriate way that can lead to harm of any other expedition members or myself. I also confirm that I have read and accepted the Booking Terms.

I authorise JT Expeditions or appropriate first aid or medically qualified staff to give medical treatment during the expedition during an emergency and to contact my Next of Kin in the event of my hospitalisation.

Signature	
Print	
Date	

**PLEASE SEND A SCANNED COPY OF THIS COMPLETED AND SIGNED DOCUMENT ALONG WITH THE APPROPRIATE DEPOSIT TO:
gareth@2wishuponastar.org**