TRAIL MEDICAL QUESTIONNAIRE EXAMINATION CERTIFICATE FOR PARTICIPANTS

(MUST BE COMPLETED BY A REGISTERED MEDICAL DOCTOR)

Due to the terrain, weather conditions, distance of approximately 45km and physical demand of the Otter Trail, it is compulsory to complete this document prior to the commencement of the trail. This document must be completed in full, signed and stamped by a registered medical doctor and handed in at the Storms River Mouth rest camp reception before or on arrival.

PARTICIPANT: ……IDENTITY NUMBER: ……

CONTACT DETAILS. OFFICE HOURS: …….. MOBILE: ……..

ADDRESS: ……

NEXT OF KIN: …….. CONTACT DETAILS: MOBILE: ……..

DOCTOR: …….. CONTACT DETAILS: OFFICE HRS: ……..

THIS MEDICAL INFORMATION IS VALID FOR THIRTY (30) DAYS ONLY.

1. Any previous serious illnesses or operations: ……

2. Any history of epilepsy, blackouts, heat exhaustion, serious allergies to bee-sting or snake serum:

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3. Serious nervous disorder: ……

4. General appearance and muscle development: ……

5. Pulse: …… p/m Blood pressure: .....mmHg

6. Blood glucose: ……..mm/l Urine dipstick test: .....

7. Condition of heart and circulatory system: ……

8. Condition of gastro intestinal/respiratory system: ……

9. Abnormality of speech, gait, co-ordination: ……..

10. Eyesight Snellen chart: Left: 6/..... Right: 6/.....

11. Any known hearing disorders: .....

12. Abnormality of the skeleton or limbs: ……

13. Any allergy/ies or allergic reactions to any medication**:** ……

14. Any known existing medical conditions or impairment that may hinder or affect physical mobility:
……

SIGNATURE OF REGISTERED MEDICAL DOCTOR: …….. DATE: ……

PRACTITIONER STAMP:

ALL INFORMATION WILL BE HANDLED ACCORDING TO STRICT POPI ACT REGULATIONS AND ONLY USED IN MEDICAL EMERGENCIES/RESCUE EFFORTS BY SANPARKS.