# Medical Declaration Supplementary Questionnaire: Diabetes - Type 1 and Type 2

**Name**: _____    **Course**: _____

The information provided on this form will be treated as confidential and is required in order to enable The Expedition Team to provide appropriate medical assistance and support if required. This information may be retained for an extended period in the case of an incident.

**Please tick the appropriate answer to each question below**

1) Do you have Type 1 or Type 2 Diabetes?
    1)    Type 1
    2)    Type 2

2) When were you first diagnosed with diabetes/how long have you had diabetes?
    1)    Less than 1 year
    2)    1-5 years
    3)    More than 5 years

3) How is your Diabetes controlled?
    1)    Diet alone
    2)    Tablets – please give name(s) and doses
    3)    Insulin injections – please give type and doses
    4)    Both insulin and tablets
    5)    Insulin pump
    6)    If a pump is used, can you administer your own set and cannula change?

4) How frequently do you check your blood sugar levels?
    1)    Throughout the day and night
    2)    Daily
    3)    Weekly
    4)    Monthly *
    5)    Rarely *

5)  Are your recent blood tests showing blood sugar levels being reasonably stable?
    1)    Less than 4 mmol/l *
    2)    4-6 mmol/l
    3)    7-10 mmol/l
    4)    11-15 mmol/l
    5)    More than 15 mmol/l *

6) When were you last admitted to hospital to aid diabetic control?
   1) Initial diagnosis only
   2) Less than a year ago *
   3) 1-5 years ago
   4) More than 5 years

   Please state reason why: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

7) Do you count carbohydrates to establish your insulin doses?
   1) Yes
   2) No

Please bring the following with you for your Outward Bound® course:

- Blood test kit
- Ketones kit
- Hypo treatments – including spares
- If using a pump – spare batteries, and also a spare injection kit in case of total pump failure
- Night/Day time insulin and spare
- Set change and cannula change items – if you do this yourself

**Please ensure you bring sufficient medication with you for the duration of your course.**

We may still need to contact you for more information.

I hereby give consent to Expedition Team staff discussing my medical details with either my own Doctor/GP having discussed the details with you first.

**Signed**: _____ **Date**: _____