

Medical Declaration Supplementary Questionnaire: Heart Condition, Angina, Raised Blood Pressure

Name: _____ **Course:** _____

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

1 What sort of heart trouble do you suffer from?

- 1) angina 2) valve problem 3) electrical/rhythm abnormality
4) other (please state)

2 When were you diagnosed with it?

- 1) Less than 6 months ago 2) 6-12 months 3) 1 year

3 Do you get regular chest pains?

- 1) daily 2) weekly 3) monthly 4) rarely i.e. once/twice per year

Please describe what triggers this pain and how often?

.....

4 Have you ever had a heart attack and, if so, when? Please circle: Yes / No

- 1) Less than 6 months ago 2) 6-12 months 3) 1 year

5 Have you ever suffered from Raised Blood Pressure? Please circle: Yes / No

If Yes, please give state below, dates, and any medication you are currently taking.

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6 Do you take medication for any of the above conditions (either tablets/patches/sprays)?

Please circle: Yes / No

If Yes, please state details here (medication, frequency)

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7 Are you, or have you ever been, under a hospital consultant for any of the above conditions?

Please circle: Yes / No

Please circle which: Heart Condition / Angina / Raised Blood Pressure

8 Have you ever been admitted to hospital for this condition and, if so, when?

Please circle: Yes / No

Please circle which: Heart Condition / Angina / Raised Blood Pressure

Please give dates when:

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:** _____