

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.

1 Please circle which condition you have:

- 1) asthma 2) bronchitis 3) tuberculosis 4) other lung condition?

Please give details including dates, severity, and any current medication if different to that listed below in Question 2):

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2 Please indicate below what medication/inhalers do you take for your asthma/chest problem and how often do you need to use them?

- 1) Ventolin
- 2) Terbutaline
- 3) Becotide
- 4) Flixotide
- 5) Serevent
- 6) Atrovent
- 7) Other

3 Do you need to use your inhalers:

- 1) every day/do you have a wheeze most days?
- 2) do you only use them when your chest is wheezy/in the presence of triggers?

4 What triggers your asthma to start or get worse?

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5 When did you last have a flare-up of your asthma/lung condition?

- 1) Within the last month*
- 2) 1-6 months
- 3) 6-12 months
- 4) More than 1 year

- 6 Have you ever taken steroids for this problem and, if so, when was the last time?
- 1) Within the last month*
 - 2) 1-6 months*
 - 3) 6-12 months
 - 4) More than 1 year
- 7 Have you ever been admitted to hospital for your asthma/chest complaint? If so when was the last time?
- 1) Within the last month*
 - 2) 1-6 months*
 - 3) 6-12 months*
 - 4) 1-5 years*
 - 5) More than 5 years
- 8 Do you monitor your own asthma with a home peak flow meter?
- Please circle: Yes / No
- 9 Do you have a nebuliser at home?
- Please circle: Yes / No
- 10 If so, do you need to use it regularly?
- Please circle: Yes*/ No

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 The Expedition Team staff discussing my medical details with either my own Doctor/GP having discussed the details with you first.

Signed: _____ **Date:** _____