

AMAZON ANDES SKY TOUR

MEDICAL QUESTIONNAIRE

ATTACHMENT B

Please review the following questions.

1. During the last 5 years, have you suffered any significant illness, been hospitalized or required regular care by a doctor?

2. Have you ever had any of the following:
 - a. Tuberculosis, chronic bronchitis, emphysema or any other lung problems?
 - b. Asthma affects my everyday activities and/or I use medication or an inhaler regularly?
 - c. High blood pressure, heart or respiratory problems, or rheumatic fever?
 - d. Epilepsy or fits of any kind?
 - e. Diabetes, cancer or tumour of any kind?
 - f. Gout or arthritis or any back, leg or foot problems?
 - g. Medically diagnosed depression, anxiety or mental disorder?
 - h. Kidney or bladder disease?
 - i. Gastric or duodenal ulcer, colitis or intestinal trouble?

3. Do you have any physical limitations, handicaps or prosthesis?

4. Do you have difficulty walking or use a device for mobility assistance such as crutches, cane or wheelchair?

5. Do you take medication or drugs related to a pre-existing medical condition?

6. Do you have any allergies, or reactions to any medication or drugs?

7. Are you pregnant?

8. Are you affected by any other pre-existing medical conditions not listed above?

9. Do you have any other medical condition which might be aggravated by high altitude?