

**Emergency Form**

Name ..... Male/Female.....  
 Passport number ..... Nationality..... Date of Birth.....  
 Occupation .....

**Next of Kin**

Name and relationship: .....  
 Phone (home work and mobile) .....  
 Address .....  
 .....

**Insurance**

Insurance provider .....  
 Insurance policy/certificate number .....  
 24 hour medical emergency phone number .....

**Medical Conditions**

Have you ever suffered from:

Asthma	YES	NO
Diabetes	YES	NO
Epilepsy	YES	NO
Heart Condition	YES	NO
Recurrent back/joint problems	YES	NO
Do you or have you in the past suffered from any form of psychiatric / eating disorder	YES	NO

If YES to any of the above, please give details:

Have you ever had an operation?	YES	NO
Have you ever had an anaesthetic?	YES	NO
Have you ever had a blood transfusion?	YES	NO
Are you allergic to any particular drugs (penicillin)?	YES	NO
Do you have any other allergies?	YES	NO

If YES to any of the above, please give details:

Do you presently use any form of medication regularly (Including the pill) or use any creams?

YES

NO

Do you suffer from any physical or other disability?

YES

NO

If YES, please give details:

What is your blood group?

**IMPORTANT**

If you are aware of any medical condition or medically relevant fact relating to a third party, i.e. parent or relative, which may result in you either cancelling your trek or requiring to return home early, you must advise the guide who will in turn advise any other relevant parties. If you neglect to declare a medical condition it may well affect your emergency evacuation insurance cover while on the trek.

*Please be advised that the guide and Sheikh Sina reserves the right to forward all medical information provided to other parties involved within the trek.*

I undertake that the information provided above is accurate and complete. I have also read, understood and agreed to the terms of business for this trek. (conditions apply)

Signature.....

Date.....