



## **TRAIL MEDICAL QUESTIONNAIRE CERTIFICATE FOR PARTICIPANTS**

(Due to the terrain, weather conditions and distance of approximately 45km, it is compulsory for the completion of this document prior to commencement. **This certificate must be completed in full and handed to the Trailer Leader prior to departure**)

PARTICIPANT: ..... IDENTITY NUMBER: .....

CONTACT DETAILS. OFFICE HOURS: ..... MOBILE: .....

ADDRESS: .....

NEXT OF KIN: ..... CONTACT DETAILS: MOBILE: .....

DOCTOR: ..... CONTACT DETAILS: OFFICE HRS: .....

### **THIS MEDICAL CLEARANCE IS VALID FOR THIRTY (30) DAYS ONLY**

1. Any previous serious illnesses or operations: .....
2. Any history of epilepsy, blackouts, heat exhaustion, serious allergies to bee-sting or snake serum: .....
3. Serious nervous disorder: .....
4. General appearance and muscle development: .....
5. Pulse (before and after exercise): Before: ..... After: .....
6. Blood pressure (before and after exercise): Before: ..... After: .....
7. Condition of heart and circulatory system: .....
8. Condition of respiratory system: .....
9. Tendency to: (a) Peptic Ulcers: ..... (b) Diarrhoea: .....
10. Abnormality of speech, gait, co-ordination: .....
11. Eyesight: Left: ..... Right: .....
12. Hearing: Left: ..... Right: .....
13. Sensory abnormalities: .....
14. Abnormality of the skeleton or limbs: ..... | .....
15. Urine test: (a) Albumen: ..... (b) Sugar: .....

**MEDICAL CLEARANCE: APPROVED / REJECTED**

SIGNATURE OF PRACTITIONER .....

**DATE / PRACTITIONER STAMP**

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