



# BERG ADVENTURES INTERNATIONAL

## Medical Form

Please give detailed answers and use the back of this form if needed.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ What is the general state of your health? \_\_\_\_\_

List any physical limitations or medical conditions that might restrict your ability to fully participate in this expedition: \_\_\_\_\_

Have you ever had frostbite or any cold-related injuries?  No  Yes If Yes please describe: \_\_\_\_\_

Do you have back or knee problems?  No  Yes If Yes please describe: \_\_\_\_\_

List any medications you will be taking on this trip and why: \_\_\_\_\_

Do you have allergies to food or medications? Please list: \_\_\_\_\_

Do you have any dietary restrictions?  None  Vegetarian  Other (specify) \_\_\_\_\_

Do you wear glasses or contact lenses?  No  Yes \_\_\_\_\_

Have you had corrective eye surgery? List date and type: \_\_\_\_\_

## Fitness and Mountaineering Experience

Please describe your fitness program: \_\_\_\_\_

Please describe your mountaineering/outdoor experience: \_\_\_\_\_

Your signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Today's date: \_\_\_\_\_ Name and Date of Expedition/Course: \_\_\_\_\_

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