

## TRAVELLER'S HEALTH ASSESSMENT FORM

SURNAME OF PARTICIPANT	FIRST NAME(S) OF PARTICPANT
GENDER	AGE AT TIME OF TRAVEL
DAYTIME / CELL PHONE NUMBER	PERMANENT PHONE NUMBER

### TRAVEL INFORMATION FOR THE MEDICAL PROFESSIONAL

- Epic Private Journeys conducts travel and adventure programmes to any country on all continents.
- Travel time varies in length from eight days to three months.
- Travel is often in remote areas where evacuation to modern medical facilities may be problematic or delayed.
- Weather conditions can be extreme with temperatures ranging from -40° F to +100° F. Exposure to high altitude, marine environments ( including on SCUBA), prolonged storms, high winds, dust, intense sunlight, sudden immersion in cold water and/or high seas are all possible.
- Physical demands on the applicant may include carrying a backpack weighing between 35-55 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. Elevations for backpacking and mountaineering range from sea level to as high as 24,000 feet. Physical demands of sea kayaking and river travel programmes require paddling heavily loaded kayaks, canoes or rafts and lifting and carrying boats over uneven terrain.
- Participants me be exposed to various cultures and unfamiliar foods and motion sickness from traveling in various modes of transport should be considered.
- Participants may sleep and rest outdoors or in temporary structures such as tents, experience long physically demanding days, possibly set up their own camp and prepare their own meals. Each participant is expected to take good care of him or herself.
- Epic Private Journeys and its partners endeavour to disinfect or obtain all potable water. Not all disinfection methods are effective against cryptosporidium. Immunocompromised people may wish to obtain an appropriate water filter for their travel.
- An Epic Private Journeys travel programme is not the place to quit smoking, drinking or drugs or to work through behavioral or psychological problems. Prior physical conditioning and an enthusiastic mental attitude are a necessity. Participants may find some programmes to be extremely demanding both physically and emotionally and should carefully chose programmes to suit.
- In the interest of the personal safety of both the applicant and the other travelers, please consider the questions carefully when completing the health form. A "Yes" answer does not automatically cancel a participant's enrollment. If we have any question on the participant's capacity to successfully complete any travel programme we will call the participant to discuss it.
- The participant will not be accepted into a programme until the health form has been reviewed and approved by Epic Private Journeys admissions personnel. Your detailed comments will expedite our review of this form.

## GUIDANCE ON HEALTH EXAMINATION

Cardiovascular risks for poor adaptation to high altitude:

MAJOR RISKS	MINOR RISKS
High blood pressure	Sedentary lifestyle
Presence of diabetes	Non smoker for more than 1 year
High cholesterol	Family records of cardiovascular illnesses before the age of 50
Smoking habit (smoker of more than 1 year)	High uric acid concentration
BMI $\geq 35$ m/kg <sup>2</sup>	Psychological, social or economical stress
Chronic obstructive pulmonary disease	Male
Pulmonary hypertension	45 years old or older
Cardiac disease without dyspnoea at mild effort	

### Indicators for subsequent studies:

- Anaemia
- Cardiac Disease without dyspnoea at mild effort
- High Blood Pressure
- Haemoglobin  $\geq 22$  g/dl
- Records of angioplasty or coronary bypass
- Chronic pulmonary obstructive disease
- Pulmonary hypertension
- BMI between 35 y 40 m/kg<sup>2</sup>
- Other cardiovascular diseases
- Cardiac arrhythmias (on holter)

### Absolute contra-indications for travel to high altitude:

- Cardiac insufficiency with dyspnoea at moderate effort (Functional Class III and IV)
- Acute myocardial infarction in the last 3 months.
- Stroke in the last 3 months
- Presence of unstable angina
- Epilepsy
- Pregnancy
- Severe Chronic pulmonary obstructive disease (COPD)
- BMI more than 40 m/kg<sup>2</sup>
- Pacemaker

At any age the presence of one or more major risks criteria (TWO minor risk factors are equivalent to ONE major criteria) requires assessment of Haemoglobin, Electrocardiogram and Exercise Stress Test. ECG should be conducted on all participants aged over 45 years.

**GENERAL MEDICAL HISTORY**

Physician, Nurse Practitioner or Physician Assistant:

Please check YES or NO for each item. Each question must be answered and please provide date and details for all "yes" answers. If further explanation is required, please attach additional pages to the end of this Health Assessment Form with such explanation.

**Does the applicant currently have or have a history of:**

		YES	NO
1.	Respiratory problems? Asthma?		
	Is the asthma well controlled with an inhaler?		
	If so, please have the participant bring inhaler(s) with them. What triggers an attack? Last episode? Ever hospitalized?		
2.	Gastrointestinal disturbances?		
3.	Diabetes?		
	Examiners specific comments:		
4.	Bleeding, DVT (deep vein thrombosis) or blood disorders?		
5.	Hepatitis or other liver disease?		
	Examiner's specific comments:		

For questions 6 – 10, describe frequency, date of last episode, and severity:

6.	Neurological problems? Epilepsy?		
7.	Seizures?		
8.	Dizziness or fainting episodes?		
9.	Migraines? Medications, frequency, are they debilitating?		
10.	Susceptibility to motion sickness?		
11.	Disorders of the urinary or reproductive tract?		
12.	Any disease?		
13.	Does this person see a medical or physical specialist of any kind?		
	If "yes" please specify the issue(s) and provide name/address of specialist.		
14.	Hypertension?		
15.	Cardiac problems? Unexplained chest pain?		
	Examiner's specific comments:		

The stress ECG requirement may be waived for applicants who are over 50 years of age with no cardiac risk factors and who are in good physical condition. Their physician must note that the applicant has (a) no cardiac risk factors and (b) excellent cardiac health in the space provided in the final page of this Health Form.

**Questions 16 and 17 are for female participants only:**

		YES	NO
16.	Treatment or medication for menstrual cramps?		
17.	Is she pregnant?		
	Examiner's specific comments:		

**Muscle/Skeletal Injuries/Fractures**

Does the applicant currently have or does he/she have a history within the past 3 years of:

18.	Knee, hip or ankle injuries (including sprains) and/or surgery?		
	Type of injury or surgery? When did the injury or surgery occur?		
	Is there full range of motion? Full strength?		
	What is the most rigorous activity participated in since the injury/surgery? Results?		
	Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity levels)		
19.	Shoulder, arm or back injuries (including sprains) and/or surgery?		
	Type of injury or surgery? When did the injury or surgery occur?		
	Is there full range of motion? Full strength?		
	What is the most rigorous activity participated in since the injury/surgery? Results?		
	Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity levels)		
20.	Any other joint problems?		
	Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity levels)		
21.	Head Injury?		
	Loss of consciousness? For how long?		
	Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity levels)		
22.	Does the applicant have any physical, cognitive, sensory or emotional condition that would require a special attention?		
	If yes, please describe how the condition affects the Participant:		

### Personal History (Counselling/Psychiatric/Learning Disabilities)

Epic Private Journeys requires that any Participant with a counselling history demanding medication, hospitalisation or residential treatment, display one year of stability before they will be accepted for a travel programme. They must be successfully employed or in school.

		YES	NO
23.	Has he/she had treatment, counselling or hospitalisation with a mental health professional?		
24.	Is he/she currently in treatment or counselling?		
25.	Reasons for treatment or counselling:		
	Suicide		
	ADD/ADHD		
	Substance Abuse/Chemical Dependency		
	Family Issues/Divorce		
	Eating Disorder (anorexia/bulimia)		
	Depression		
	Academic/Career		
	Other		
	Please provide specific dates and details of counselling and medications that were prescribed:		
26.	Name, address and telephone of therapist or counselor:		

### Allergies

27.	Is he/she allergic to any foods?		
	Describe:		
28.	Are there any dietary restrictions?		
	Please specify: Vegetarian, Vegan, Other.		
29.	Allergic to insect bites or bee stings?		
	If appropriate please bring 2-3 Epi Pens or Twinjects.		
	Examiner's specific comments:		
30.	Any other allergies?		
	Examiner's specific comments:		
31.	Water may be disinfected with iodine. Is iodine contraindicated?		

### Medications

32.	Is he/she allergic to any medications?		
	If yes, please list:		
33.	Does this person plan to take any prescription or non-prescription medications during a Epic Private Journeys travel programme?		

Participants may travel in remote areas where access to medical care may be limited and take up to days to access. The Participant must understand the use of any prescription medications they may be taking. Written specific instructions are necessary. All Participants who are required by their personal physician, psychiatrist or health care provider to take prescription medications on a regular basis must be able to do so on their own and without additional supervision.

Medications:
Dosage:
Side Effects/Restrictions:
Name and address of prescribing physician:

IF MEDICATION OR CONDITION CHANGES PRIOR TO COURSE START, PLEASE INFORM EPIC PRIVATE JOURNEYS.

**Cold, Heat, Altitude**

		YES	NO
34.	History of frostbite or Raynaud's Syndrome?		
35.	History of acute mountain sickness, high altitude pulmonary/cerebral edema? When did the illness occur?		
36.	What is the highest altitude experienced (not aviation related)?		
37.	History of heat stroke or other heat related illness? Examiner's specific comments:		

**Fitness (please provide details concerning the participant's exercise regime)**

38.	Does the participant exercise regularly?		
	Activity or Activities:		
	Frequency:		
	Duration/Distance:		
	Intensity Level: Easy, Moderate, Competitive		
39.	Does this person smoke?		
	If so how much?		
40.	Is this person overweight? Underweight?		
	If so, how much?		
41.	Can this person swim?		
	Swimming ability: Non-swimmer, Recreational, Competitive		

Epic Private Journeys requires a Tetanus immunisation within 10 years of the start date of travel. Additional immunisations may be required depending on the country of travel. Please ensure that the participant is made aware of all the recommended travel vaccinations for their travel itinerary.

42.	Last Tetanus inoculation:
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<b>GASTROINTESTINAL</b>	YES	NO
Abdomen normal		
Hernial orifices intact		
Liver/Kidney/Spleen palpable		
Lymph nodes palpable		

<b>SKIN</b>	YES	NO
Skin disorders/Dermatitis		
Evidence of sun damage		
Evidence of drug/alcohol abuse		

<b>NERVOUS SYSTEM</b>	YES	NO
Balance and reflexes normal		
Coordination normal		
Appropriate affect		

<b>LOCOMOTOR SYSTEM/RANGE OF MOVEMENT</b>	YES	NO
Any abnormality in the following:		
Hands		
Wrists		
Elbows		
Shoulders		
Ankles		
Knees		
Hips		
Cervical spine		
Lumbar spine		
Dorsal spine		
Straight leg raising		

**COMMENTS ON HEALTH HISTORY**

**COMMENTS ON HEALTH EXAMINATION**



**PRE-TRAVEL HEALTH SUMMARY**

\_\_\_\_\_ was assessed on \_\_\_\_\_  
 (NAME – FIRST NAME, SURNAME) (DATE – DD/ MM/ YY)

for the purpose of \_\_\_\_\_ and my opinion is:  
 (PROGRAMME NAME)

- (A) Suitable without restriction
- (B) Suitable for proposed travel but is at increased risk of:
  - Injury to self
  - Injury to others
  - Exacerbation of a pre-existing condition
- (C) Not recommended for the proposed travel activities

By my signature, I attest that the information in this form is correct and the person named on page one of this form is medically cleared to participate in an Epic Private Journeys travel programme based on the information provided in this form along with the background information provided by the participant and my physical examination of him/her.

DOCTOR'S SIGNATURE	DATE
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**DOCTOR/CLINIC STAMP:**

EXAMINER'S NAME	PHONE NUMBER
STREET ADDRESS	STATE, POSTAL/ ZIP CODE, COUNTRY

**Participant to read the following and sign where indicated:**

Declaration – I solemnly declare that each and every answer to the above questions regarding my Epic Private Journeys Travel Health Assessment is true to the best of my knowledge and belief.

Statement Authorisation – I hereby authorise the examining doctor to submit a medical report regarding the above statement, physical findings and all other investigations to Epic Private Journeys or their nominated representative. I consent to Epic Private Journeys to consult with my examining physician for any clarification required.

PARTICIPANT'S SIGNATURE	DATE
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**Please scan and email results to:**

[epic@epicprivatejourneys.com](mailto:epic@epicprivatejourneys.com)

**Or address any questions to:**

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