



**NATURE CONSERVATION AND RECREATION RESORTS
FISH RIVER CANYON, UGAB RIVER AND NAUKLUFT TRAILS
(86 km, approximately 50 km and 120 km respectively)
MEDICAL QUESTIONNAIRE FOR HIKERS**



HIKER:..... DR:

ADDRESS:..... ADDRESS:

.....

IDENTITY NUMBER:

NEXT OF KIN:.....

TELEPHONE NUMBER: (CODE): NUMBER:

THIS MEDICAL CLEARANCE IS VALID FOR FORTY (40) DAYS ONLY

1. Any previous serious illnesses or operations:

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2. Any history of epilepsy, blackouts, heat exhaustion, serious allergies to bee-sting or snake serum:

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3. Serious nervous disorders:

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4. General appearance and muscle development:

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5. Pulse (before and after exercise): Before:

After:

6. Blood pressure (before and after exercise): Before:

After:

7. Condition of heart and circulatory system:.....

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8. Condition of respiratory system:

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9. Tendency to (a) Peptic Ulcers:

(b) Diarrhea:

10. Abnormality of speech, gait, co-ordination:

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11. Eyesight: Left: Right:

12. Sensory abnormalities:

13. Abnormality of the skeleton or limbs:

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14. Urine test: (a) Albumen:

(b) Sugar:

APPROVED/REJECTED

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Date:.....

SIGNATURE OF PRACTITIONER