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: .....
   .....
   .....
2. Any history of epilepsy, blackouts, heat exhaustion, serious allergies to bee-sting or snake serum: .....
   .....
   .....
3. Serious nervous disorders: .....
   .....
   .....
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. Sensory abnormalities: .....
13. Abnormality of the skeleton or limbs: .....
    .....
14. Urine test: (a) Albumen: .....
    (b) Sugar: .....

APPROVED/REJECTED

..... Date: .....
SIGNATURE OF PRACTITIONER