



**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

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SIGNATURE OF PRACTITIONER

Date: