



# Medical Clearance Form for Adventure Kokoda Treks

Dear Doctor,

Our client is preparing for a trekking expedition across the **Kokoda Trail** in Papua New Guinea.

**The Kokoda Trail is located in remote mountainous jungle terrain in a tropical region. The climate is hot and humid. Much of the area is inaccessible by helicopter and remote from the nearest medical facility in Port Moresby. The trek itself is physically demanding and strenuous.**

We require each of our clients to be in adequate physical and medical shape and free of any medical conditions that may prevent them from completing such an arduous personal challenge. We also need to ensure our trek leader is fully alerted to any potential health problems. We would therefore appreciate your evaluation of the following:

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## To be completed by medical practitioner:

Client Details			
Name:		Date of Birth:	
Weight:	(kg)	Height:	(cm) Sex: M / F

Please list any relevant medical conditions:		
Condition	Duration	Current treatment

**Please list all medications the client is taking on a regular basis (including nutritional supplements and alternative medications)**

Medication name	Dose / Frequency	Medication name	Dose / Frequency

**Please list any known allergies (drugs / foods / environmental)**

**Cardiac Risks Factors**

Does the client have:

Diabetes	<b>Yes</b>	No
Hypertension	<b>Yes</b>	No
Smoking history	<b>Yes</b>	No
High Cholesterol	<b>Yes</b>	No
Family History of heart disease	<b>Yes</b>	No
Body mass index (kg/m <sup>2</sup> ) > 35	<b>Yes</b>	No

Commercial-In-Confidence

Age <u>less</u> than 30 years	12 lead ECG interpretation
Age between 30 and 40 years with <b>NO</b> cardiac risk factors	12 lead ECG interpretation
Age between 30 and 40 years with at least <b>ONE</b> cardiac risk factor	<p>Exercise Stress Test</p> <p>OR</p> <p>Myocardial perfusion scan</p> <p>OR</p> <p>Stress echo</p> <p>(Please Circle)</p>
Age <u>greater</u> than 40 years	<p>Exercise Stress Test</p> <p>OR</p> <p>Myocardial perfusion scan</p> <p>OR</p> <p>Stress echo</p> <p>(Please Circle)</p>

Please enclose a copy of any abnormal investigations.

I state that I have examined (**insert client name**) \_\_\_\_\_ for the purposes of assessing their ability to take part in trekking the physically demanding Kokoda Trail.

I believe this person **IS** capable of completing the activity

I believe this person **IS NOT** capable of completing the activity:

Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature:	Stamp
Name (PRINT):	
Date:	

This certificate will not be accepted unless signed and stamped by the medical practitioner.

**To be completed by trekker:**

I (*insert full name*) ..... consent to the release of this medical information to the staff of *Adventure Kokoda*. I understand that this information will not be released to any other party without my prior consent. I consent to *Adventure Kokoda* contacting my medical practitioner to discuss any relevant details.

\_\_\_\_\_ PRINT NAME

\_\_\_\_\_ SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_ DATE

Please return this form to:

**Jill Lynn**  
**Adventure Kokoda**  
**PO Box 303**  
**Camden**  
**NSW 2570**

as soon as your doctor has signed it and certified that you are cleared to trek the Kokoda Trail in Papua New Guinea.

Thank you for your co-operation.



Charlie Lynn  
Director  
Adventure Kokoda