

DISMASS
KILIMANJARO EXPERIENCE
MEDICAL INSURANCE FORM

Age	
Any recent difficulty engaging in physical activities?	
Any common diseases like asthma or lung problems?	
Any allergies that may cause airway problems?	
Any prescription medication you have been on recently or currently taking?	
Have you undergone any major treatments like surgery within the last 6 months or year?	
Have you had any significant medical issues like seizures, migraines, unconsciousness, neurologic injury, serious head injury, or stroke?	
Do you have any of the following: high blood pressure, cholesterol, or diabetes?	
Have you had any problems or treatments that may affect your hearing ability or balance?	
Have you undergone any recent eye treatments like surgery?	
Do you have any visual problems?	
Do you have any of the following: lung disease, stomach problems like ulcers, epilepsy, or other intestinal problems?	
Do you have any cardiac (heart) problems?	

If you have had any other medical issues not mentioned above, please explain:	
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Declaration

Guest's Name: _____ Signature: _____ Date: _____	I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that any false statements or omissions may result in denial of the climb or termination of the climb without refund.
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**Important information for Guests
Dietary Restriction, Insurance Coverage, Packing List and Emergency Contacts**

Please complete the following form and send it back to DKE before departure.
The number of guests in this form can be added accordingly based on number of guests.

	Dietary limitation allergic reactions	List of packed items	Information on insurance coverage	Details of your insurance and reference	Contact number for emergencies	Other info
Guest 1						
Guest 2						