

Mountain Climbing Expedition Health Declaration Form

Full Name

Date of Birth

Gender

Contact Number

Emergency Contact Name

Emergency Contact Number

Do you have any chronic illnesses, allergies, or medical conditions?

Are you currently taking any medications?

Any previous injuries or surgeries?

Describe your current fitness level (recent physical activities, training, etc.)

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I declare that the information provided is true and agree to inform the organizers of any changes before the expedition.

