

**MEDICAL CERTIFICATE  
(Requirement for Gorilla Trekking)**

**PART 1** to be completed by the applicant:

NAME: \_\_\_\_\_

Please circle "Yes" or "No" to the following questions below and explain any "Yes" answers on the reverse or on an attached sheet.

- |  |     |    |
|--|-----|----|
| 1. Do you have any significant medical illnesses which have required the regular care of a doctor?   | Yes | No |
| 2. Do you have any allergies or have you had any bad reactions to any drugs?   | Yes | No |
| 3. Have you been hospitalized in the past 5 years?   | Yes | No |
| 4. Do you take any medication regularly? (Please list)   | Yes | No |
| 5. Do you have or have you ever been told by a doctor that you had:<br>epilepsy, diabetes high blood pressure, asthma or lung disease, ulcers or stomach trouble,<br>colitis or intestinal trouble, heart disease, any significant foot, leg or back problems,<br>or other diseases or conditions? Explain in detail on the reverse. | Yes | No |

**PART 2** to be completed by Physician:

The above named applicant, age \_\_\_\_, has been examined by me on (date) \_\_\_\_\_. I believe applicant physically qualified to participate on the Global Travel Marketing, Inc. ("The Africa Adventure Company") trip, as per the attached trip itinerary.

Specifically, I believe the applicant can engage in:

- Strenuous hiking averaging 3-6 hours per day or more of sustained walking, often over rough terrain, but not involving any technical climbing.
- Hiking in altitudes in the 6,000-11,000 foot range (1800-3400 m), although on some occasions hiking above 11,000 feet (3400 m) is possible.
- Trips of long duration in a remote area.

NOTE: Medical facilities on any trip MAY NOT BE AVAILABLE. A trip physician may not accompany the trip. Please make any qualifying comments on the reverse.

Name and address of physician: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of physician: \_\_\_\_\_