

**MEDICAL CERTIFICATE
(Requirement for Mt. Kilimanjaro Climb)**

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.

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|--|-----|----|
| 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:
Epilepsy, diabetes, high blood pressure, asthma or lung disease, ulcers or stomach
trouble, colitis or intestinal trouble, heart disease, any significant foot, leg or back
problems 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 Global Travel Marketing, Inc. ("The Africa Adventure Company") trip as per the attached trip itinerary.

Specifically, I believe applicant can engage in the following:

- Strenuous hiking averaging 6 hours per day or more of sustained walking, often over rough terrain, but not involving any technical climbing, carrying light to heavy loads.
- Hiking in altitudes above 12,000 feet, up to 19,340 feet (5,895 m).
- Trips of long duration in a remote area.
- Evacuation to medical professionals and/or medical care centers can be protracted and difficult.

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: _____