



**AFRICAN WILD ADVENTURES
OLIFANTS RIVER ON-FOOT ADVENTURE
MEDICAL FITNESS CERTIFICATE**

This document is to be completed by your regular practitioner and presented to the Senior AFRICAN WILD ADVENTURES Tracker upon your arrival in South Africa. The completed document is valid for a period of 14 days only.

NAME :

ADDRESS :

LAND LINE NO :

MOBILE NO :

E-MAIL :

PASSPORT NO :

NEXT OF KIN :

CONTACT NO :

Please complete the following as comprehensively as possible :-

- 1 Blood Pressure Before exercise : _____ After exercise : _____
- 2 Pulse Before exercise : _____ After exercise : _____
- 3 Condition of heart and circulatory system : _____
- 4 Condition of respiratory system : _____
- 5 Urine test : Albumen : _____ Sugar : _____
- 6 Eyesight : Left : _____ Right : _____
- 7 Hearing : Left : _____ Right : _____

- 8 Any history of epilepsy, blackouts, heat exhaustion : _____
- 9 Any sensory abnormalities : _____
- 10 Abnormality of the skeleton or limbs : _____
- 11 General muscle appearance and development : _____
- 12 Serious nervous disorder : _____
- 13 Abnormality of speech : _____
- 14 Gait coordination : _____
- 15 Tendency to (a) Peptic Ulcer (b) Diarrhoea : _____
- 16 Recent unexpected weight loss : _____
- 17 Recent pulmonary infections : _____
- 18 Allergies to bee stings or snake bite serums : _____
- 19 Any previous serious illnesses or operations : _____
- 20 Anything else you wish
to bring to our attention : _____

I, _____ hereby declare the above patient medically fit / unfit (delete whichever is not applicable) to complete a 42 kilometer trail bearing a backpack over a period of 4 days.

SIGNED

DATED

PRACTITIONER STAMP :