

**SOLUKHUMBU TRAIL-DAWA SHERPA RACE 2012  
MEDICAL FORM**

**PLEASE ATTACH A PHOTO**

**FIRST NAME:**

**LAST NAME:**

**Date of birth:**

**Age:**

**Sex:**

**Blood group:**

**Profession:**

**Last date of vaccine:**

**Current Treatment :**

**Chronic Disease :**

**History of Surgeries:**

**Name of your Health Insurance company :**

**Address of your Health Insurance company :**

**Telephone number :**

**Number of your insurance policy :**

**Name of person to inform in case of emergency :**

**Telephone number, at home, at work:**

**This medical form is confidential .Thank you for sending it in an envelope with your last and first names in block letters. For vaccinations, do not forget to consult with your family physician to learn which ones are compulsory for traveling to Nepal and if an anti-malarial treatment is recommended**