



MEDICAL FORM

Trip Title _____ Trip Date _____
Business Phone _____ Home Phone _____
Name _____ Sex _____ Age _____ Height _____ Weight _____
Previous MM Treks _____

MM TRIP BACKGROUND INFORMATION FOR PHYSICIAN AND APPLICANT

Myths and Mountains, Inc. (MM) operates its trips in a variety of conditions, some fairly primitive. Although this trip is not highly demanding physically, applicants need to be in good condition and able to walk up and down moderate hills on a daily basis. In some cases they may be a day or more away from modern medical facilities. In the interest of the applicant and other trip members, please consider the above description carefully when completing the medical form. We do need any relevant information. The physician completing this form may **not** be a relative of the applicant.

APPLICANT: The following medical information as completed by the physician is complete and true to the best of my knowledge. I recognize that falsification or omission of information is grounds for my removal from the trip.

Applicant Signature: _____ Date: _____

PHYSICIAN: Based on the description of the trip, a review of the applicant's medical history, and a physical examination, if needed, do you feel that this individual can participate in this trip? (Circle One) **YES NO**

Comments: _____

Does the applicant have any medical problems or is s/he taking any medication that we should be aware of? (Circle One) **YES NO** If yes, please explain.

Does the applicant have any food or drug allergies that we should be aware of such as sulfa or antibiotics? (Circle One) **YES NO** If yes, please explain.

NAME: _____, M.D.

ADDRESS: _____

PHONE: _____

PHYSICIAN'S SIGNATURE: _____ DATE _____

PLEASE RETURN TO: Myths and Mountains, Inc.
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Incline Village, NV 89451

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