



REGISTRATION

| | | | |
|--|--------------|-----------------------------------|--------|
| Trip Name | | Date | |
| Preferred Guide | | | |
| Name | | | |
| Date of Birth | | Age | Gender |
| Email Address | Phone Number | | |
| Emergency Contact Name | | Relationship to Emergency Contact | |
| Email Address | Phone Number | Alternate Phone Number | |
| Prior experience related to this trip: | | | |
| General fitness level: | | | |
| Dietary restrictions: | | | |



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The information included in this form is strictly confidential and will be used only by Alan Oram, D.O. to assist In The Company of Guides with the health and well-being of participants during ITCOG trips. Please respond as candidly and honestly as you can.

| | | |
|--|--------------|-----------------------------------|
| Name | | |
| Age | Weight | Height |
| Trip | | |
| Emergency Contact Name | | Relationship to Emergency Contact |
| Email Address | Phone Number | Alternate Phone Number |
| Prior experience related to this trip: | | |
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| | | |
|------|--------|--------|
| Name | | |
| Age | Weight | Height |
| Trip | | |

Allergies to Medications: No If yes, please list the medication and the type of allergic response (ie; rash, swelling etc.)

Name of **Medications** that you currently take. Prescriptions or over the counter medications.

Past medical history: Have you been hospitalized in the past 5 years for medical problems? No Yes



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Do you have a history of:

- Heart Disease: Coronary artery disease, Atrial fibrillation, High blood pressure , Other.
- Bleeding disorders: Blood clots – Deep vein thrombosis (DVT), Pulmonary emboli (PE), Anemia, Other bleeding disorders.
- Diabetes: Insulin dependent (Type 1), Non-Insulin Dependent (Type 2).
- Pulmonary or respiratory illness: Asthma, Sleep Apnea, Recent Pneumonia, Other.
- Neurological disorders: CVA, TIA, Seizure, Other.
- Gastrointestinal: Peptic Ulcer, Lower GI Bleeding, Diverticulitis, Pancreatitis, Hepatitis, Other
- High Altitude Illness: Acute Mountain Sickness (AMS), High Altitude Cerebral Edema (HACE), High Altitude Pulmonary Edema (HAPE), Temporary Blindness at Altitude.
- Orthopedic problems: Major joint dislocations (ie: Shoulder), Fractures requiring surgical care, Joint reconstruction, ACL repair, Joint replacement, Chronic ligament or tendon problems
- Foot problems.
- Cold weather injuries; Frostbite, Raynaud’s, etc.
- Mental Health/Psychiatric Issues: Anxiety, Depression, Other

Past Surgical History: Please list

FITNESS

How often do you train for strength and cardiovascular fitness?

Do you have a personal trainer and does someone monitor your training?

No

Yes

Do you have any limitations or problems with intense exercise such as chest pain, orthopedic problems?

No

Yes

Do you use any of the following: Tobacco, Alcohol, Recreational drugs? Describe use

Do you have any specific questions or concerns that you would like addressed pre-trip?