

Walking & Mountaineering Section
Three Peaks sub 24 hour Challenge



peaks challenge 2010

The British Fire Service

Individual Health Declaration Form

Mountain Challenge

****Prior to completion read all prompts and questions carefully.
Team Leaders to make sufficient copies of this form for all the team.***

All Team members are to complete (including Drivers/Support Crew).

Team Leaders to retain ALL completed forms and bring them to the challenge event and to have access to them at all times, **by having individuals carry them even on the Peaks.**

In the following cases Team Leaders must copy and return completed forms to the event organisers as soon as possible.

- a) Any participant under the age of 18 at the time of the event.
- b) Any participant over the age of 50 (walker only) at the time of the event.
- c) Any participant with significant health needs that the event organisers should be aware of.

***All information will be treated with complete confidentiality.**

Participants in the Three Peaks Challenge (Fire Service Method) even in summer will be expediting within a time constraints upon Britain's three higher mountains. Temperatures will range from -10 degrees C to + 32 degrees C, perhaps encountering poor weather conditions, high winds, storms and changing visibility with snow underfoot. The terrain will make great physical demands of you with uneven terrain on steep ascents and descents. You will experience sleep deprivation, prolonged travelling in the cramped conditions of a vehicle. This challenge will test both your mental attitude and your physical condition. **UNDER NO CIRCUMSTANCES ATTEMPT THIS CHALLENGE WITH OR SOON AFTER A VIRAL INFECTION. If in any doubt seek the advice of your GP.**

Section One

Full Name _____ Age _____

*If under the age of 18 at time of event complete the following. **If not go straight to section two**

Date of Birth (If under 18) ___ / ___ / ___ Name of responsible Adult _____

Section Two

Emergency Contact/Name _____ Tel: No. _____

Brigade/FRS or Organisation _____

Name of own Doctor _____ Tel: No. _____

National Health Number _____

Section Three – General Medical History

Please check **YES** or **No** for each item. Please answer all the questions.

- | | | |
|---|-----|----|
| 1) Respiratory Problems such as Asthma? | Yes | No |
| 2) Gastrointestinal Disturbances? | Yes | No |
| 3) Diabetes? | Yes | No |
| 4) Neurological Problems such as Epilepsy/Seizures? | Yes | No |
| 5) Dizziness or Fainting episodes? | Yes | No |
| 6) Cardiac problems? | Yes | No |
| 7) Any other diseases? | Yes | No |
| 8) Are you currently under a medical/physical specialist? | Yes | No |

If yes to question 8, please explain _____

Section Four – Cardiac Screening

Participants over the age of **35 years of age with TWO** or more of the following risk factors:

- | | |
|-------------------------------|---|
| <i>Obesity</i> | <i>Unexplained Chest Pains, shortness of breath, palpitations</i> |
| <i>Diabetes</i> | <i>A Family history of Cardiac Disease</i> |
| <i>High Blood Pressure</i> | <i>Current or previous Cardiovascular Disease</i> |
| <i>High Blood Cholesterol</i> | <i>Smoking more than 20 Cigarettes a day</i> |

Should ask their GP's advise (possible ECG) before undertaking this strenuous event.

Section Five – Muscle/Skeletal Injuries

Do you currently have/or had a history of...

- | | | |
|---|-----|----|
| 1) Knee, hip or ankle injuries (including sprains and or operations) | Yes | No |
| 2) Shoulder, arm or back injuries (including sprains and or operations) | Yes | No |
| 3) Head injuries? | Yes | No |
| 4) Any other joint problems? | Yes | No |

If yes to any of the above, please explain _____

Section Six – Allergies

- | | |
|---|--------|
| 1) Are you allergic to any food, If yes what? _____ | No |
| 2) Allergic to insect bites or bee stings? | Yes No |
| 3) Other allergies _____ | No |

Section Seven – Medication

- | | |
|---|--------|
| 1) Are you allergic to any Medication? If Yes what? _____ | No |
| 2) Have you had a Tetanus inoculation within the last 10 years? | Yes No |
| 3) Are you currently, or will you be taking prescriptive/non-prescriptive medication during the event? If yes please explain. | Yes No |

Comment on Medication, dosage, restrictions and side effects. _____

Section Eight _ Fitness

1) Do you exercise regularly?

Main activity	Frequency	Daily	Weekly	Yes	No
Duration/Distance	Intensity	Easy	Moderate	Competitive	

2) Do you smoke?

If yes, how many per day?	Less than 5	Less than 10	Yes	No
			more than 10	

Section Nine _ Declaration

With due regard to the extra and imposed stress/activity placed upon myself by wishing to participate in this year's Three Peaks Mountain Challenge, and consideration of the above questions being fully answered, **I declare that I am physically capable** of undertaking the aforementioned Three Peaks Mountain Challenge. I understand my responsibilities as a team member and the constraints and risks involved in such a challenge. **I further undertake to inform my team leader** of any illness's or injuries upon my person up to the time and during the event.

Signed _____ Print Name _____

Date _____

NB Please return this fully completed and signed form to your team leader.

***This information then must be carried on your person**, whilst walking, *or in the team vehicle if you are a Driver/support crew, at all times during the event.

Forms must be available to Paramedics, Event Director or Medical Staff in the event of injury or illness to you and this could include a Helicopter evacuation, whilst away from your team vehicle.

***Copies should only be made and sent to the Event Organisers for those under 18's over 50's, or significant medical cases.**