



Andes Mountain Guides LTD.
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Name: _____ Height: _____ Weight: _____ Sex: _____

I can jog without distress: 1 mile 3 miles 5 miles more

I can easily walk with a daypack over: 4 hours 8 hours 12 hours more

Please list your current exercise activities including frequency, time, and distance. _____

What is the heaviest backpack you have carried and for how long? _____

What is the highest altitude you have reached and where? _____

Are you currently taking any medications or using tobacco or alcohol? Explain: _____

Have you had any sickness or injuries in the last 12 months? Explain: _____

Have you been hospitalized in the past 2 years? Explain: _____

Any History of:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> back/neck problems | <input type="checkbox"/> heart condition | <input type="checkbox"/> hernia | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> knee problems | <input type="checkbox"/> bleeding disorder | <input type="checkbox"/> hypoglycemia | <input type="checkbox"/> asthma |
| <input type="checkbox"/> circulation problems | <input type="checkbox"/> epilepsy/seizures | <input type="checkbox"/> kidney problems | <input type="checkbox"/> chronic infection |
| <input type="checkbox"/> ankle problems | <input type="checkbox"/> respiratory condition | <input type="checkbox"/> blood disease | <input type="checkbox"/> currently pregnant |
| <input type="checkbox"/> arm/shoulder problems | <input type="checkbox"/> intestinal problem | <input type="checkbox"/> vision problems | <input type="checkbox"/> motion sickness |
| <input type="checkbox"/> head injury | <input type="checkbox"/> hearing impairment | <input type="checkbox"/> cancer | <input type="checkbox"/> altitude sickness |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> irregular heartbeat/murmur | <input type="checkbox"/> joint dislocations/sprains | <input type="checkbox"/> migraines |

Other If you marked any please explain: _____

Do you have any allergies? _____

Foods you can't eat? _____

In case of emergency please notify: Name/Relationship: _____

Phone: _____ Other Phone: _____ Email: _____

All of the above information is true to the best of my knowledge:

Signature: _____ Date: _____