

# Bike and Hike Granada

Bike and Hike For a Greener planet

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## MEDICAL DISCLAIMER

*To be filled in and signed by a registered medical practitioner only  
Submit to your Bike and Hike Granada Guide at the base camp*

Participant's Name:

Height:

Age

Weight:

Blood Group:

BMI:

Bike andHike Granada, treks/ride take place in some remote and less-developed regions, without means of rapid evacuation or medical supplies and facilities. In the event of an accident, illness or injury an evacuation will be slow and uncertain as these trips take place in mountains, high altitude or other hazardous terrain. Common and un common signs and symptoms of altitude sickness should be expected. These include, but are not limited to: Sleeplessness, coughing, loss of appetite, nausea, vomiting and muscle cramps. Severe cases of altitude sickness can include pulmonary and/or cerebral oedema. In addition, exposure to microorganisms unknown to our digestive system may cause symptoms from a wide array of gastrointestinal disorders despite the best effort to treat drinking water and prepare food properly. A poor state of health can greatly increases the dangers and risks that can be incurred on these trips. Therefore, Bike and Hike Granada requires that all climbers/ Trekkers/ Cyclists / Yoga Meditation practitioners / Voluntourism participants are examined by a physician, are properly immunized for the destination(s) and provide the following information's.

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Avenida Cervantes, nº6, 6ºD, 18008 Granada, Spain

**Disclaimer and Declaration**

The..... Hike / Bicycle Tours / Family Active Holidays / in the Andalusia has it's share of risk and dangers, especially in respect to the terrain, weather, high altitude and desolate nature.

Accidents on this trek can cause one to get injured fall ill and death too cannot ruled out.

I here by declare that my participation in this hike / expedition / Bicycle Tours / Voluntourism / is completely voluntary and I am aware of the risks involved. I will not hold Bike and Hike Granada wholly or partly responsible in case of any accidents, illness, injury or death on the Trek / Expedition / Bicycle Tours / Voluntourism.

Signature and Name of the participant

Place:

Date:

Emergency Contact Number:

MEDICAL DETAILS	COMMENTS
Does the Participant suffer from any chronic illness? <i>If yes please mention details</i>	
Is the participant under medication of any kind? <i>If yes please mention details</i>	
Respiratory rate at rest	
Blood pressure reading	
Overall Physical fitness	
Any drug allergies?	
Any other information related to the health of the participant that would be useful in emergencies	

I have medically examined Mr /Ms ..... on  
(Date).....

And found him / her fit to undergo a Trekking / Expedition / Bicycle Tour / Voluntourism / in the high altitude of Andalusia mountains.

As per history and clinical examination he / she is not suffering from any chronic disease or any other ailment that can be deterrent to an adventure activity.

Doctor's Name:

Qualification:

Registration No:

Signature & Seal

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**Avenida Cervantes, nº6, 6ºD, 18008 Granada, Spain**  
**PERSONAL MEDICAL RECORD**

***This document has to be filled in, signed and handed over to your Bike and Hike Granada Guide at the Base camp***

NO	MEDICAL DETAILS	COMMENTS
1	Any previous illness past 3 months? <i>If yes please mention the nature and duration of illness</i>	
2	Any previous injuries past 6 months? (Accident/ sprain,/fracture etc. <i>If yes what is the present condition?</i>	
3	Any operation undergone past 6 months? <i>If yes, mention the nature and result of the operation</i>	
4	Are you under medication of any kind? <i>If Yes, please mention details and medicines being taken</i>	
5	Do you have any drug or food allergies? <i>If Yes, Please mention details</i>	
6	Do you have any experience with high altitude trek? <i>If Yes Please mention the trek and altitude gained</i>	
7	Did you encountered any altitude related problems on your previous trek? <i>If Yes, Please mention details</i>	
8	Do you have any history of breathlessness ?	
9	Do you have any history of chest pain ?	
10	Have you ever suffered from Asthma or Pleurisy ?	
11	Any history of giddiness or fainting attack?	
12	Any history of Epilepsy or any other fits ?	
13	Any history of Palpitation?	
14	Any history of Dysentery or Jaundice?	
15	Any history of recurring pain in the abdomen ?	
16	Any other information related to your health that would be useful to us in the case of emergencies?	

I (Name) ..... Certify that the information mentioned above is true and correct to the best of my knowledge. I have not hidden any medical condition and have disclosed all my medical information to Bike and Trek Adventure which will be useful to them in the case of an emergency.

Name & Signature

Place

Date

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