**U.P. MOUNTAINEERS MEDICAL STATEMENT**

**Name of Applicant:**

**Age /Sex:**

**PART I. Note to the Medical Practitioner**

To Doctor of Choice:

The U.P. Mountaineers is requesting that our applicants be medically evaluated if he/she is physically fit to undergo the training activities listed below, scheduled throughout a four-month application period:

1. Timed runs
   1. 6.6km distance within 45 minutes
   2. 10km distance within 1hour 15 minutes
   3. 15km distance within 1hour 45 minutes
2. Rockstars/Crossfit training

6-10 hrs per week of high intensity interval training which

involves but not limited to weightlifting, plyometrics, calisthenics,

speed workout and other exercises

1. Hiking/Trekking

Mountaineering involves hiking or trekking up steep inclines for 6-10 houts per day while carrying packs weighing up to 1/3 of the applicants weight. The applicant must complete three climbs on three different mountains going up elevations up to 2900 meters above sea level. Each climb will take two to three days which are spread out over the course of the four month training process.

1. Other Outdoor Skills

Knot tying, Bolo handling, Land navigation, Orienteering, Stove operations,

Ropemanship, River crossing, Tent pitching, etc.

**PART II. Applicant’s Declaration of Symptoms and Other Medical Concerns**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of applicant), declare that this document has been made in good faith , accomplished and verified to the best of my knowledge and is true and correct:(*pls tick all appropriate boxes)*

* *If the applicant is aged less than 18 years, this form must be countersigned by a parent/guardian.*

|  |  |
| --- | --- |
| GENERAL/  Systemic symptoms | ☐generalized weakness ☐fever ☐unexplainable weight loss ☐none  ☐ others\_\_\_\_\_\_\_\_\_ |
| Head, ears, eyes, nose, neck symptoms | ☐headache ☐blurring of vision ☐nosebleed ☐dizziness/vertigo ☐loss of consciousness ☐tingling sensation in muscles ☐neck mass ☐none  ☐ others\_\_\_\_\_\_\_\_\_\_ |
| Cardiovascular symptoms | ☐easy fatigability ☐palpitation ☐bounding pulses ☐weak pulses ☐chest pain ☐bluish discoloration of skin, lips ☐none ☐ others\_\_\_\_\_\_\_\_\_\_ |
| Pulmonary symptoms | ☐difficulty of breathing ☐shortness of breath ☐noisy breathing ☐none ☐ others\_\_\_\_\_\_\_\_\_\_ |
| Gastrointestinal symptoms | ☐loose stools ☐constipation ☐abdominal discomfort ☐bloody or dark colored stool ☐none ☐ others\_\_\_\_\_\_\_\_\_\_ |
| Musculoskeletal  symptoms | ☐frequent muscle cramps ☐gross deformity of limbs  ☐limb/joint pain ☐ back problems ☐numbness of limbs ☐gait problems ☐none ☐ others\_\_\_\_\_\_\_\_\_\_ |
| Genitourinary symptoms | ☐pain on urination ☐lower back pain ☐blood /pus in urine ☐abnormality with menses ☐pain associated with menses ☐ genital discharge ☐none ☐ others\_\_\_\_\_\_\_\_\_\_ |
| List all known medical illnesses and maintenance medications |  |
| Currently pregnant? Y/N |  |

**PART III. Doctor’s Certification (to be filled out by examining physician)**

I, the signing medical doctor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature over Name of Examining Physician*

with license number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*Name of Applicant*

on this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*DD/MM/YYYY*

has undergone proper medical examination and (please check only one):

☐ does not present any contraindications to perform the aforementioned

activities for application to the UP Mountaineers.

☐ clearance is withheld temporarily; the applicant is requested to undergo

additional clearance from a specialist in the field

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

☐ the applicant is deemed physically unfit to undergo the aforementioned

activities.

Dr. Kimmie Zantua Batch 2016 (UPM 2019)