**ANNEX No. 7-D**

**MEDICAL EVALUATION FOR PROMOTION TO HIGH ALTITUDE**

**(Greater than 2.500 m.s.n.m.)**

|  |  |  |
| --- | --- | --- |
| **Patients Data** | | |
| Last name: | First name: | |
| Identity Document (Passport) | Date of Birth (dd/mm/yy) | Gender  □ Male □ Female |
| Address: | | |
| Employer: | Activity | |

**Vital Functions**

FC \_\_\_\_\_x min PA \_\_\_\_ / \_\_\_\_ mmHg FR \_\_\_\_\_x min BMI kg/m2 \_\_\_\_ Sat. O2 \_\_\_\_

He / She have or have had in the last 6 months:

• Anemia No Yes

• Recent major surgery No Yes

• disorders of coagulation, thrombosis, etc. No Yes

• Diabetes Mellitus No Yes

• Arterial Hypertension No Yes

• Pregnancy No Yes

• Neurological problems: epilepsy, vertigo, etc.. No Yes

• Recent infections (especially ear, nose, throat) No Yes

• Morbid obesity (BMI greater than 35 m/kg2) No Yes

• Heart Problems: pacemakers, coronary, and so on. No Yes

• Respiratory: asthma, COPD, etc. No Yes

• Ophthalmologic problems: retinopathy, glaucoma, etc.. No Yes

• Digestive Problems: peptic ulcer, hepatitis, etc. No Yes

• Sleep apnea No Yes

• Another important medical condition No Yes

• Allergies No Yes

• Use of current medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that patient (he / she) is able to ascend to high altitude, however, I do not guarantee the patients response during ascent or during their stay.

|  |  |  |
| --- | --- | --- |
| **Doctors Data** | | |
| Last Name: | | First Name: |
| Address: | | |
| CMP | Date (dd/mm/yy) | Signature & Stamp |

Page 1 of 2

**GUIDELINES FOR MEDICAL EXAMINER**

**I. PHYSICAL EXAMINATION AND AUXILIARY**

• Special emphasis on the examination of skin and mucosa to rule out anemia.

• Never missing the physical examination of the cardiovascular and pulmonary systems.

• Must perform ECG on all over 45 years old.

• If clinical suspicion of cardiovascular pathology request a stress test.

• At any age, if the patient has a major risk factor or 2 minor factors the exam should be to expand include a hematocrit, electrocardiogram, stress test and depending on the results refered to a specialist in cardiology

**II. CLINICAL CONDITIONS THAT WARRANT FURTHER INVSTIGATIONS CARDIOVASCULAR TEST TOLERANCE TO HYPOXIA:**

a. Anemia.

b. Heart failure class I and II.

c. CF I and II valve.

d. Uncontrolled hypertension.

e. Polycythemia with plethora.

f. Patients with coronary revascularization.

g. COPD.

h. Pulmonary hypertension.

i. BMI between 35 and 40 kg/m2.

j. Other diseases Heart (controlled and certified by Cardiologist).

k. Heart rhythm disorders.

l. Uncontrolled diabetes mellitus

m. Pneumonectomy

n. Spirometric restrictions of any kind

**III. ABSOLUTE CONTRAINDICATIONS FOR UP TO HIGH ALTITUDE**

• IC functional class III or greater

• Valvular functional class III or greater

• IMA in the last 3 months

• Stroke in the last 3 months

• Presence of unstable angina

• Epilepsy

• Pregnancy

• Anemia

• Severe COPD

• BMI greater than 40 K/m2

• Presence of pacemaker

• History of Cerebral Venous Thrombosis

• Recent major surgery

• Obstructive Hypertrophic Cardiomyopathy

• Deep vein thrombosis (last 6 months)

Page 1 of 2