

**NEW ZEALAND MOUNTAIN GUIDES ASSOCIATION (Inc)**

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**PO Box 10, Aoraki Mount Cook 7946, New Zealand**

**MEDICAL REPORT**

**NEW ZEALAND MOUNTAIN GUIDES ASSOCIATION**

**PRIVATE AND CONFIDENTIAL**

**INFORMATION FOR MEDICAL PRACTITIONERS**

Your patient has applied to enter the training scheme which leads to the qualification of Mountain Guide.  It is important that the candidate is fit and able to be in this role.

In general, a Mountain Guide must have a good level of fitness both physically and mentally.  The profession demands that he or she sustain physically demanding work for long hours in a potentially dangerous environment, often subjected to extreme temperatures, and high altitude.

Your opinion as to the health of the candidate is sought

Name of Patient:

Address:

Date of Birth:

Are you the candidate’s usual doctor?

For how many years do you hold records on this candidate?

When did the candidate last consult with a doctor?

Does the candidate suffer from any serious conditions such as Epilepsy or other significant neurological conditions, Diabetes, Heart or Respiratory disease, Meniere’s disease, conditions affecting the musculoskeletal system, serious psychiatric illness, addiction to alcohol, drugs or other harmful substances?  Is there any history of eye disease or surgery to the eyes?

NO 🞎 YES 🞎 *If Yes, please complete the following section*

If YES above, please give details below with dates:  Please include details of hospitalisations and time off work.

Is the candidate on any regular medication?  Please give details.

**PHYSICAL EXAMINATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **SPECIFICS** |  |  | |
| **HEIGHT** |  | **WEIGHT** |  |
| **BMI** |  |  | |
| **CARDIOVASCULAR** |  | | |
| **RESTING PULSE RATE AND RHYTHM** |  | | |
| **BP** |  | | |
| **HEART SOUNDS** |  | | |
| **PERIPHERAL PULSES** |  | | |
| **RESPIRATORY EXAM** |  | | |
| **PEAK FLOW** |  | | |
| **SENSORY** |  | | |
| **VISION (CORRECTED/ UNCORRECTED)** |  | | |
| **HEARING** |  | | |
| **CRANIAL NERVES** |  | | |
| **BALANCE AND COORDINATION** |  | | |
| **ABDOMINAL EXAM** |  | | |
| **MUSCULOSKELETAL,** including significant joint or mechanical condition |  | | |
| **MENTAL STATE** | | | |
| **GENERAL HEALTH** | | | |

**DECLARATION**  (delete as appropriate)

🞎 I consider the candidate to be physically and mentally fit for the profession of Mountain Guide

🞎 I consider the candidate to be physically and mentally fit with these qualifications

🞎 I suggest a further specialist opinion be sought to clarify the following concerns:

🞎 I consider the candidate to be unfit for the profession of Mountain Guide

SIGNED:

TITLE/QUALIFICATIONS:

DATED: