

MEDICAL CERTIFICATE  
(To be completed by a licensed physician)

To the physician:

Your patient has signed up to participate on a medical trek to Nepal sponsored by Himalayan HealthCare, Inc. Your patient will be trekking into remote areas where medical facilities are non-existent and evacuation may be delayed for several days.

IT IS IMPERATIVE THAT YOU COUNSEL YOUR PATIENT ON THE APPROPRIATENESS OF THE TRIP THEY HAVE SELECTED AND PROVIDE US WITH ANY INFORMATION THAT WILL ASSIST OUR LEADERS IN MANAGING A MEDICAL EMERGENCY IN THE FIELD.

We request that you conduct a thorough physical examination of your patient, after reviewing the nature of the trip (description of trek detailed below), the environmental conditions on the trip, the patient's age and past medical history will indicate that you should evaluate some or all of the following: cardiovascular and respiratory status, peripheral circulation, blood pressure and any potentially debilitating problems (e.g. gall bladder disease, kidney stones, asthma, active ulcer, colitis, hernia, pilonidal cyst, back problems). Lab data might include a CBC, urinalysis, blood sugar, BUN or creatinine, resting cardiogram. Testing of pulmonary function, a recent chest x-ray and an exercise EKG are appropriate if history indicates. A published protocol for cardiac evaluation of travelers to high altitude is enclosed for your review.

If you have any questions concerning the difficulty and environmental conditions on this trip, please contact Dr. Robert McKersie, President of Himalayan HealthCare, Inc. at [president@himalayanhealthcare.org](mailto:president@himalayanhealthcare.org) or (978)-289-3380. Thank you for your cooperation.

Name \_\_\_\_\_

Trip Date \_\_\_\_\_

Description of Trek:

Moderate to strenuous hiking, averaging 7-8 hours per day of sustained walking, altitudes up to 16,000 feet, carrying a light daypack.

Please comment on any medical or psychological conditions, which would limit participation in the above trip. We ask that you document (on additional pages if needed) any past, existing or potential health conditions, even minor ones):



Please continue on the next page, sign and date.

How long have you known the patient?

Do you feel that further examination by a specialist is indicated?

If so, what kind of specialist?

Applicant named above has been examined on (date) \_\_\_\_\_ and was found physically and mentally qualified to participate on Himalayan HealthCare, Inc. medical trek as described above.

Name and Address of Physician

Phone (\_\_\_\_) \_\_\_\_\_

Examining physician's signature X \_\_\_\_\_

Date of exam \_\_\_\_\_



SUGGESTED APPROACH TO EVALUATION OF INDIVIDUALS FOR TREKKING OR HIGH ALTITUDE TRAVEL: All persons over 50 years of age should have a thorough medical history, physical examination, electrocardiogram and chest X-ray (if not recorded within the past 5 years). Four general categories of individual should be evaluated as follows:

- 1) Asymptomatic without evidence of coronary disease, no risk factors for coronary disease. Risk category: LOW. Treadmill is optional.
- 2) Asymptomatic, with one or more risk factors for coronary disease. Treadmill test indicated.
  - a) Treadmill test negative or minimally positive. Risk category: LOW.
  - b) Treadmill strongly positive: thallium scan indicated.
    - (i) Thallium scan normal. Risk category: LOW
    - (iii) Thallium scan strong positive. Risk category: HIGH. Coronary arteriography indicated.
- 3) Known coronary artery disease, such as history of prior infarct, ECG evidence of prior infarct, history of unstable angina, presence of stable angina, prior bypass surgery or angioplasty. Treadmill indicated.
  - a) Treadmill test strongly positive. Risk category: HIGH
  - b) Treadmill test negative or minimally positive. Risk category: LOW.
- 4) Age less than 50 years.
  - a) One or more risk factors for coronary disease. Treadmill test optional.
  - b) No risk factor for coronary disease. Treadmill test not indicated.

#### DEFINITIONS FOR ABOVE GUIDELINES:

1. Risk factors for coronary disease increase the possibility for coronary disease:
  - Family history (sudden death, infarct, angina before 55 years in family members).
  - History of or presence of hypertension.
  - ST segment depression of any magnitude in the resting electrocardiogram; and
  - Prior episode of chest pain.
2. Treadmill test negative or minimally positive: patient can walk  $\geq 9$  minutes (through Stage 3 Bruce protocol) without chest pain and with  $\leq 1$  mm ST



segment depression.

Strongly positive treadmill test: patient walks  $\leq 6$  minutes (Bruce protocol) and has either chest pain and/or  $\geq 2$  mm ST segment depression.

4. Risk categories:

- LOW RISK: minimal risk for a coronary event (angina, infarct, sudden death over 5 years of 2-4%; and
- HIGH RISK: substantial risk for a coronary event in 5 years of 1-10-20%; requires coronary arteriography.

Hultgren HW: Coronary heart disease and trekking. J. Wilderness Medicine, 1990; 1:154-161.

