KOLON TRAIL RUN BHUTAN 2026: Medical Clearance Form

1. Participant Information

- **Full Name:**
  _____
- **Date of Birth (dd/mm/yy):**
  _____
- **Sex:** ( ) Male / ( ) Female
- **Height (cm): _____ / Weight (kg): _____**

2. Alpine & Altitude Fitness

This event takes place in high-altitude environments, starting at 2,300m and reaching a peak of 4,000m. Please answer the following:

- **History of Altitude Sickness:** Have you ever experienced altitude-related illnesses (AMS, HAPE, HACE)?

  [ ] Yes / [ ] No

- **Cardiopulmonary Conditions:** Have you ever been diagnosed with heart conditions (angina, arrhythmia) or lung conditions (asthma)?

  [ ] Yes / [ ] No

- **Blood Pressure:** Are you currently treated for hypertension or hypotension?

  [ ] Yes / [ ] No

- **Recent Surgery:** Have you undergone any surgical procedures in the last 12 months?

  [ ] Yes / [ ] No

- **Details:** If "Yes" to any above, please provide details:

3. Current Health Status & Medication

- **Current Medical Conditions:**

  [ ] Yes / [ ] No (Details: _____)

- **Medication:** Are you taking any regular or emergency medication?

  (Details: _____)

- **Allergies:** Do you have any allergies (drug, food, insect)?

  [ ] Yes / [ ] No (Details: _____)

4. Physician’s Declaration

The participant intends to compete in a 40km trail run at high altitude (up to 4,000m).

- **Physician's Assessment:** Based on the participant's medical history and current status, do you deem the participant medically fit to compete in this event?
  - [ ] Fit to participate
  - [ ] Participate with caution (Comments: _____)
  - [ ] Not fit to participate

5. Signature & Stamp

I confirm that the participant is medically fit to perform physical activities in a high-altitude, oxygen-depleted environment. The information provided is accurate.

- **Physician's Name: _____**
- **Hospital Name & Stamp: _____**
- **Phone/Email: _____**
- **Signature: _____**
- **Date: _____**