



## DR. WEIGLEIN EXPEDITIONS GMBH

FUERSTLICHES PALAIS MEERHOLZ  
TEMPELSTRASSE 5 - 11  
63571 GELNHAUSEN - MEERHOLZ

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INTERNET: [www.dr-weiglein-expeditions.de](http://www.dr-weiglein-expeditions.de)

### Details of physical conditions

Dear customer!

For preparing and proceeding the expedition/tour below it is necessary for us to have an impression of your physical conditions. Please note that this is for your own safety and helps us to estimate if this expedition suits to your health conditions. We ask you to answer all questions exactly, precisely and truly.

Expedition/Tour: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Notify at emergency \_\_\_\_\_

Body height: \_\_\_\_\_ cm Average weight: \_\_\_\_\_ kg

#### Do you currently suffer

-from a disease of the heart-circulation-system

Yes

No

-from a disease of the respiratory tracts

-from a disease of articulation/spine

-from Diabetes

-from a psychical disease

if yes, which: \_\_\_\_\_

- from allergy

if yes, what are you allergic to: \_\_\_\_\_

Geschäftsführer: Dr. Werner Weiglein & Claudia Weiglein • HRB: 11822 Hanau  
Ust.-IdNr.: DE 113543377



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	Yes	No	
-Did you have any surgery during the last 24 months? if yes, for what reason? _____	<input type="checkbox"/>	<input type="checkbox"/>	
-Do you suffer from altitude sickness?	<input type="checkbox"/>	<input type="checkbox"/>	
-Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	
-Do you drink alcohol? if yes, how much? _____	<input type="checkbox"/>	<input type="checkbox"/>	
-Do you require visual aid/lenses?	<input type="checkbox"/>	<input type="checkbox"/>	
-Did you suffer from one of above mentioned diseases during the last 5 years? if yes, which? _____	<input type="checkbox"/>	<input type="checkbox"/>	
-How would you describe your physical fitness:	good <input type="checkbox"/>	medium <input type="checkbox"/>	bad <input type="checkbox"/>
-How would you describe your physical health:	good <input type="checkbox"/>	medium <input type="checkbox"/>	bad <input type="checkbox"/>

Notes:

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I assure the trueness of my above statements by my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**URGENT: Please add this form to your registration.**

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