



**MINISTRY OF ENVIRONMENT AND TOURSIM
FISH RIVER CANYON, UGAB RIVER AND NAUKLUFT TRAILS
(86 km, approximately 50 km and 120 km respectively)
MEDICAL QUESTIONNAIRE FOR HIKERS**



NAME: DR:

ADDRESS: ADDRESS:

IDENTITY NUMBER:

NEXT OF KIN:

TELEPHONE NUMBER: (CODE): NUMBER:

THIS MEDICAL CLEARANCE IS VALID FOR FORTY (40) DAYS ONLY

1. Any previous serious illnesses or operations:

2. Any history of epilepsy, blackouts, heat exhaustion, serious allergies to bee-sting or snake serum:
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3. Serious nervous disorders:

4. General appearance and muscle development:

5. Pulse (before and after exercise): Before:
After:

6. Blood pressure (before and after exercise): Before:
After:

7. Condition of heart and circulatory system:

8. Condition of respiratory system:

9. Tendency to (a) Peptic Ulcers:
(b) Diarrhea :

10. Abnormality of speech, gait, co-ordination:

11. Eyesight: Left: Right:

12. Sensory abnormalities:

13. Abnormality of the skeleton or limbs:

14. Urine test: (a) Albumen:
(b) Sugar:

APPROVED/REJECTED

.....
SIGNATURE OF PRACTITIONER

Date:



REPUBLIC OF NAMIBIA

MINISTRY OF ENVIRONMENT AND TOURISM CONSERVATION OF HIKING TRAILS

I,.....the

Undersigned

(Full name)

Plan to hike the Fish River Canyon/ Ugab River/ Naukluft Trail starting on the

..... (Date).

I solemnly declare that conservation of nature will be my priority when visiting the above hiking trail
Or conservation area.

I undertake not to pollute the environment in any way, which could include discarding tins, paper,
Bottles or tinfoil linings in burnt out fires, etc. Toilet paper will be burnt or deeply buried.

Everything carried into a wilderness area will be carried out and I will encourage other ecotourists
and hikers to do the same.

.....
SIGNATURE

I.D./PASSPORT NUMBER

DATE:.....