

MEDICAL CERTIFICATE FOR VISITORS TO HIGH ALTITUDE MINES

TO THE EXAMINING PHYSICIAN

Visitors to the mines in the Puna region (Argentina, Bolivia and Chile), could suffer from Acute Mountain Sickness and/or worsen pre-existing medical conditions due to altitude hypoxia. The mines are at an altitude of 12,000 -14,000 feet (4,500 meters) with 35% Oxygen depletion.

Please verify the medical fitness of the bearer of this form, and clearly sign off.

TO THE MINES MEDICAL DEPARTMENT

Today, I have examined Mr./Mrs./Dr _____

Date of birth: _____ Employed by: _____

Insurance Company: _____ Emergency Contact Tel.: _____

I hereby declare that he/she is fit to visit mine sites a high altitude.
He/she does not have, & has not recently had any of the following medical conditions.

	NO	YES	Vital Signs:
Anemia	()	()	Resting HR: __
Blood coagulation disorders (thrombosis)	()	()	
Cardiac or circulatory problems, including pacemakers And transient ischemic attacks	()	()	BP: _____
Chest pain or shortness of breath on exertion	()	()	RR: _____
Current infections (specially ear, nose and throat)	()	()	
Diabetes	()	()	SpO ₂ % _____
High blood pressure	()	()	
Obesity	()	()	Weight _____
Peptic or duodenal ulcers	()	()	
Pregnancy	()	()	BMI kg/m ² __
Recent major surgery (within last three months)	()	()	
Respiratory problems	()	()	
Retinopathy, glaucoma, etc.	()	()	
Seizures, fainting or panic attacks, unsteadiness episodes	()	()	
Other significant medical condition	()	()	

Comments _____

Screening Doctor's Name

Signature _____

License No: _____ Telephone: _____ Fax: _____

Address: _____ Date: _____

NOTE: Visitor must bring this form for review and approval. Valid for six months from time of issue issued for a period of no longer than 21 days.

Date Of Arrival	Blood Pressure	Pulse	Oxygen Saturation %

Comments _____

Doctor's Signature _____

Date _____