**Middle World Alliance Medical Form**

Thank you for your interest in the MWA pilgrimage. This is a joyful but rigorous journey and in order to assure that it is right for you, please answer the following questions as completely as possible. This information is kept confidential and is available only to trip leadership of MWA.

Please return your application by email to janmccracken.mwa@gmail.com or by regular mail to:

Middle World Alliance, PO Box 454, West Stockbridge, MA 01266.

Name:

Address:

Phone (Home & Mobile):

Email:

Date of birth:

Height/Weight:

Occupation:

Why do you want to participate in the MWA pilgrimage?

What do you hope to gain or accomplish from the pilgrimage?

What do you hope to contribute during the pilgrimage?

How did you learn about the MWA pilgrimage?

**HEALTH & FITNESS**

What is your level of fitness? Please describe.

What is your capacity for aerobic activity?

Do you exercise on a regular basis?

Have you ever been at altitude? If yes, please describe.

Do you have any special dietary requirements?

Do you have allergies? Please describe

When was your last physical exam?

Have you done an exercise stress test? If so, what were the results?

Do you smoke?

Please give us a brief complete health history, listing injuries and illnesses. What medications are you currently taking?

Do you have any of the following:

high blood pressure \_\_\_yes\_\_\_no

high cholesterol\_\_\_yes\_\_\_no

diabetes\_\_\_yes\_\_\_no  
known heart disease\_\_\_yes\_\_\_no

heart murmur\_\_\_yes\_\_\_no

chest pain during physical activity\_\_\_yes\_\_\_no

irregular heart beat or palpitations\_\_\_yes\_\_\_no

lightheadedness or fainting spells\_\_\_yes\_\_\_no

unusual shortness of breath\_\_\_yes\_\_\_no

cramping pains in legs or feet\_\_\_yes\_\_\_no

emphysema\_\_\_\_yes\_\_\_no

thyroid or kidney disorder\_\_\_yes\_\_\_no

epilepsy\_\_\_yes\_\_\_no

asthma\_\_\_yes\_\_\_no

back pain\_\_\_yes\_\_\_no

Do you have any other pain or limitation not yet mentioned?\_\_\_yes\_\_\_no If yes, describe:

Do you drink alcohol?

Do you take sleeping pills?

Do you snore?

Are you currently under a doctor’s care? If so, please describe the situation.

Do you suffer, or have you ever suffered, from any psychological or emotional problems, such as depression, addiction, bi-polar disorder, etc? If yes, please describe it for us.

How would you rate your resilience level? Please describe.

SPIRITUAL BACKGROUND

Tell us about any meditation practices or spiritual traditions you are or have been involved with? Describe if you have a current spiritual practice.

**OUTDOOR AND OTHER EXPERIENCES**

What is your experience with hiking or trekking?

What is your camping experience?

What is your experience traveling in physically demanding situations?

What is your experience of interacting with indigenous peoples or people from another culture?

Describe your job: (sedentary, active, or physically demanding) Please describe any experience you have had living in community.

Would you prefer a single occupancy room and tent? \*Please note this is an additional fee of USD $950. and must be requested and paid for in advance of the trip.

Please comment on your strengths or challenges as they relate to each of the following qualities, by providing examples of how they manifest in your life.

Dependability:

Emotional Stability:

Compassion / Kindness:

Gratitude:

Openness:

Please list two people we should contact in case of an emergency. Please give contact information.