

**ANNEX No. 7-D**

**MEDICAL EVALUATION FOR PROMOTION TO HIGH ALTITUDE  
(Greater than 2.500 m.s.n.m.)**

<b>Patients Data</b>		
Last name:		First name:
Identity Document (Passport)	Date of Birth (dd/mm/yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		
Employer:		Activity

**Vital Functions**

FC \_\_\_\_\_x min    PA \_\_\_\_ / \_\_\_\_ mmHg    FR \_\_\_\_\_x min    BMI kg/m<sup>2</sup> \_\_\_\_    Sat. O<sub>2</sub> \_\_\_\_

He / She have or have had in the last 6 months:

- |   |    |     |
|---|----|-----|
| • Anemia  | No | Yes |
| • Recent major surgery                                    | No | Yes |
| • disorders of coagulation, thrombosis, etc.              | No | Yes |
| • Diabetes Mellitus                                       | No | Yes |
| • Arterial Hypertension                                   | No | Yes |
| • Pregnancy   | No | Yes |
| • Neurological problems: epilepsy, vertigo, etc..         | No | Yes |
| • Recent infections (especially ear, nose, throat)        | No | Yes |
| • Morbid obesity (BMI greater than 35 m/kg <sup>2</sup> ) | No | Yes |
| • Heart Problems: pacemakers, coronary, and so on.        | No | Yes |
| • Respiratory: asthma, COPD, etc.                         | No | Yes |
| • Ophthalmologic problems: retinopathy, glaucoma, etc..   | No | Yes |
| • Digestive Problems: peptic ulcer, hepatitis, etc.       | No | Yes |
| • Sleep apnea   | No | Yes |
| • Another important medical condition                     | No | Yes |
| • Allergies   | No | Yes |
| • Use of current medications _____                        |    |     |

I certify that patient (he / she) is able to ascend to high altitude, however, I do not guarantee the patients response during ascent or during their stay.

<b>Doctors Data</b>		
Last Name:		First Name:
Address:		
CMP	Date (dd/mm/yy)	Signature & Stamp

## **GUIDELINES FOR MEDICAL EXAMINER**

### **I. PHYSICAL EXAMINATION AND AUXILIARY**

- Special emphasis on the examination of skin and mucosa to rule out anemia.
- Never missing the physical examination of the cardiovascular and pulmonary systems.
- Must perform ECG on all over 45 years old.
- If clinical suspicion of cardiovascular pathology request a stress test.
- At any age, if the patient has a major risk factor or 2 minor factors the exam should be to expand include a hematocrit, electrocardiogram, stress test and depending on the results referred to a specialist in cardiology

### **II. CLINICAL CONDITIONS THAT WARRANT FURTHER INVESTIGATIONS CARDIOVASCULAR TEST TOLERANCE TO HYPOXIA:**

- a. Anemia.
- b. Heart failure class I and II.
- c. CF I and II valve.
- d. Uncontrolled hypertension.
- e. Polycythemia with plethora.
- f. Patients with coronary revascularization.
- g. COPD.
- h. Pulmonary hypertension.
- i. BMI between 35 and 40 kg/m<sup>2</sup>.
- j. Other diseases Heart (controlled and certified by Cardiologist).
- k. Heart rhythm disorders.
- l. Uncontrolled diabetes mellitus
- m. Pneumonectomy
- n. Spirometric restrictions of any kind

### **III. ABSOLUTE CONTRAINDICATIONS FOR UP TO HIGH ALTITUDE**

- IC functional class III or greater
- Valvular functional class III or greater
- IMA in the last 3 months
- Stroke in the last 3 months
- Presence of unstable angina
- Epilepsy
- Pregnancy
- Anemia
- Severe COPD
- BMI greater than 40 K/m<sup>2</sup>
- Presence of pacemaker
- History of Cerebral Venous Thrombosis
- Recent major surgery
- Obstructive Hypertrophic Cardiomyopathy
- Deep vein thrombosis (last 6 months)