



AMAZON EXPEDITIONERS

NOMADIC SURVIVAL EXPEDITIONS

Medical Questionnaire

(We recommend you to answer all questions on this form with the best possible accuracy, since it will help our entire team to have a solid guide on how to assist you in making the best preventive decisions as needed, before, during and after your visit)

I, _____, born on _____, residing in _____, _____, expressly declare that the information described and indicated below in this questionnaire is sincere, sufficient and accurate (write in handwritten form).

1.- Do you have any cardiovascular issues?

Yes ___ No ___

Which :

2.- Do you have lung or respiratory problems (asthma, emphysema or other)?

Yes ___ No ___

Which :

3.- Have you had surgery in the last 10 years?

Yes ___ No ___

Which :

4.- Have you had a serious or significant illness in the last 5 years?

Yes ___ No ___

Which :

5.- Have you suffered from depression or psychological instability in the last 5 years?

Yes ___ No ___

Which :

6.- Are you currently taking any conventional or plant based medication?

Yes ___ No ___

Which :

7.- Do you have diabetes?

Yes ___ No ___

If you do Explain:

8.- Do you have kidney problems/failure?

Yes ___ No ___

If you do Explain:

9.- Do you have liver problems (hepatitis, cirrhosis, steatosis or other)?

Yes ___ No ___

Which :

10.- Do you suffer from psychotic states?

Yes ___ No ___

If you do Explain:

11.- Do you consume one or more drugs on a regular basis?

Yes ___ No ___

Type and frequency:

12.- Are you currently taking one of these medications? Antidepressant (MAOI, Prozac, or anti malaria)

Yes ___ No ___

Which :

13.- Have you suffered physical or emotional harm that has left you with a disability?

Yes ___ No ___

If you do Explain:

14.- Any other medical concern(s) issues you need to point out (not mentioned in boxes 1 through 13)?

15.- Have you had any previous experience with any Amazonian plant medicine or other medicinal plants?

Yes ___ No ___

Which one, frequency, and elaborate your previous experience please:

16.- What are you seeking to achieve with Amazonian plant medicine during your upcoming trip with us?

Signature _____ Date _____

Note: The Amazon Expeditioners team never shares, nor will it share this private information with outside parties.



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Departures & Arrivals Meeting Point

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Amazon Survival Training Center

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