



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 ___

Specify:

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

Yes ___ No ___

Specify:

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

Yes ___ No ___

Specify:

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

Yes ___ No ___

Specify:

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

Yes ___ No ___

Specify:

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

Yes ___ No ___

Specify:

7.- Do you have diabetes?

Yes ___ No ___

If you do, please explain:

8.- Do you have kidney problems/failure?

Yes ___ No ___

If you do, please explain:

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

Yes ____ No ____

Specify:

10.- Do you suffer from psychotic states?

Yes ____ No ____

If you do, please explain:

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

Yes ____ No ____

Specify type and frequency:

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

Yes ____ No ____

Specify:

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

Yes ____ No ____

If you do, please 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 indigenous medicine or other medicinal plants?

Yes ____ No ____

Specify which one, frequency, and elaborate your previous experience please:

16.- What are you seeking to achieve with Amazonian indigenous 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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