HEALTH QUESTIONNAIRE

(to be completed by all competitors – MEDICAL-IN-CONFIDENCE when complete)

Collecting medical information allows event organisers to prepare a suitable medical kit and guides medical decisions in the field. The information you provide will be treated confidentially by the medical team; please complete it fully and honestly. Read through the form before you start completing it. Please be aware that failure to disclose medical history or conditions can invalidate insurance and may affect treatment in the case of an emergency or illness.

Part 1 – Health Questionnaire:

Personal Details:	Full Name: Contact Number: Email Address: Date of Birth: Age: Gender at Birth: Country of Residence:
Next of Kin Details:	Full Name: Contact Number: Relationship:
Passport Details:	Full Name (as written in passport): Nationality: Passport No: Place of Issue: Date of Issue: Date of Expiry
Do you have travel insurance? *You must notify HERO-ERA immediately if there are difficulties with travel insurance. Travel insurance*	Yes / No *If yes, provide insurance provider and policy number below.*

should include comprehensive medical and repatriation cover.	*If no, see supporting comments opposite:*
Do you know your blood group?	A B AB O Positive Negative Unknown
Are you medically fit to compete on the Gaucho Trail 2026? *If you are not medically fit, you should contact HERO-ERA at your earliest opportunity to discuss further.*	Yes / No *If no, see supporting comments opposite:*
Do you have any concerns that you would like to raise confidentially with the medical team?	Yes / No *If yes, give further details below:*
Do you have any allergies or previously suffered a severe allergic reaction (anaphylaxis)? *For example – bee stings, medications, foods, etc …*	Yes / No *If yes, give further details below:*
Are you prescribed an adrenaline auto injector by your physician / doctor? *For example – EpiPen / JEXT*	Yes / No *If yes, ensure they are in-date and accompany you to the event.*
Do you suffer any long-term medical conditions? *For example – asthma, diabetes, epilepsy, heart problems, high blood pressure, blood clots, bleeding disorders, vertigo, migraine, fainting episodes, poor mental health etc …*	Yes / No *If yes, list all medical conditions below:*
Are you immunosuppressed? *If you are immunosuppressed, you must discuss travel with your physician / doctor to ensure you are fit to travel.*	Yes / No *If yes, give further details below* *If yes, see supporting comments opposite:*
Do you take regular medications?	Yes / No

It is your responsibility to ensure all prescribed medications are carried in the original boxes and accompanied by an original prescription. You must also ensure that any prescribed medications are not banned, or on a pre-approval list for the destination countries being visited.	*If yes, list all medications below and ensure you bring enough medication for the duration of the event:* *If yes, see supporting comments opposite:*
Have you visited your physician / doctor in the last month for illness or injury?	Yes / No *If yes, give further details below:*
Have you had surgery in the last 3 months?	Yes / No *If yes, give further details below:*
Do you have any disability or mobility problems?	Yes / No *If yes, give further details below:*
Are your routine vaccinations and boosters in-date? *You must visit your physician / doctor 3 months prior to event departure to ensure all routine vaccinations and boosters are in-date.*	Yes / No *See supporting comments opposite:*
Are your travel vaccinations and boosters in-date? *You must visit your travel clinic 3 months prior to event departure to receive destination-specific risk assessments, acquire necessary or legally required vaccinations, and obtain preventative medications based on travel to the areas of South America the event will visit.*	Yes / No *See supporting comments opposite:*

For example – malaria prophylaxis, rabies vaccinations etc …	
Are you dentally fit? *You must have a dental checkup 3 months prior to departure, and all remedial work complete 1 month prior to event departure.*	Yes / No *See supporting comments opposite:*
Do you wear glasses or contact lenses for sight correction? *Ensure you bring spare contact lenses and secondary / backup glasses in case of damage or loss.*	Yes / No *If yes, see supporting comments opposite*

Part 2 – Declaration:

1. I will immediately inform HERO-ERA / Race Direct or the Medical Officer / Medical Team of any changes in my health through illness or injury that may adversely affect my ability to drive / ride or compete.
2. In case of an injury and / or illness, I give permission to the Medical Team to release relevant information to health care professionals in support of my care.
3. In case of an injury and / or illness, I give permission to the Medical Team to release relevant information to my relatives and my representatives.
4. I declare that the information I have given is the truth.

Signature of applicant:

Date:

This form must be completed and sent to the event Medical Team at the following email address no later than 1st October 2026:

Jason.wing@iqarus.com