

Questionnaire for visitors to geographical altitude



	YES	NO	DONT KNOW
1 Have you ever had fainting, syncope or conscience compromise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you noticed fatigue, smothering feeling, or lack of air lately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you ever had palpitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you had chest pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you ever had a vascular accident, hemorrhage, thrombosis, embolism or hemiplegia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you had aneurysm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Have you ever had arterial hypertension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Do you have any breathing problem such as asthma, tuberculosis (TBC), tumors, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any of these one of the above conditions, or you don't, you must take a medical exam for geographical altitude, before you go to the area above the 3000 meters (m.a.s.l)

Statement and express waiver

I hereby declare that I don't suffer any inappropriate health and physical disabilities with the geographical altitude above 3000 meters (above the sea level) and without prejudice of the previous text, Codelco Chile-Division Andina has recommended me to Hereby and on account of the voluntary declaration previously made, I clearly declare that I waive to any compensation's actions that could affect my citizen's rights, by any accident, moral, physical or health damage that I could suffer inside the Andina

Name:	ID
Enterprise	Signature

Los Andes, ____ de _____ de 200__