

LOS BRONCES ADMISSION FORM

The undersigned,

Name _____

Company _____

Declares:

1. I have received an Information Form from AngloAmerican Chile Los Bronces Division for visitors, which I have read and understood perfectly well.
2. I am aware, and have been warned of the potential health hazards of traveling up to 2,500 m. altitude, which could eventually affect my body.
3. I have delivered truthful information in the form handed to me to verify any pathology affecting me.
4. I shall respect the instructions and warnings existing in Los Bronces Division.

Signature _____

Identity Card or Passport No. _____

Date _____

• Verification of health form

Dear Visitor: We appreciate your answering Yes or No with a check if you have had or currently suffer one of the following pathologies/conditions which are risk factors in altitudes.

Have you ever suffered	SI	NO
Epilepsy		
High blood pressure (not medically controlled)		
Heart attack (infarct)		
Asthma or emphysema		
Thrombosis or cerebral stroke		
Renal insufficiency or kidney transplant		
Vascular disease of limbs		
Severe psychiatric diseases		
Liver disease (liver deficiency, cirrhosis)		
Neurological disease (Parkinson's, vertigo)		
Pains, dizziness or any other disturbance when having been at high altitudes before		
What is your present health condition?	SI	NO
Severe obesity (BMI 35 or more)		
Pregnant with symptoms of abortion or living the third trimester		
Acute respiratory disease		
Under psycho-pharmacological treatment		
Uncontrolled use of vasodilators (Actebral, Viagra, Trental or others)		
Disturbance of the sense of balance. Intense ear-ache (or ear infection)		

If any of these answers is YES, we must warn you that traveling above 2500 meters altitude is a health hazard. Therefore we DO NOT recommend your visit to Los Bronces Site.