**Questionnaire of the participant of pilgrimage to Buryatia June 18 - July 2, 2019**

**IMPORTANT: WE NEED SCAN OF THE MAIN PAGE OF YOUR PASSPORT**

 **TOGETHER WITH THIS QUESTIONNAIRE**

1. Name of the pilgrim:

2. City of residence:

3. Mobile phone:

4. Email:

5. I plan to participate (dates of your trip):

6. I choose accommodation in Arshan in:

I choose accommodation in Orlik in:

I choose accommodation in Ulan-Ude in:

7. Information on dates, times, flights of your arrival and departure:

Example:

Arrival: Irkutsk airport June 18 at 8:05 flight S7-778 from Moscow

Departure: Ulan-Ude Airport on July 2, flight U6-344 at 8:30 am to Moscow

8. Please, I prefer to be in the same room with (specify the name of the participant)

9. Meals to eat: vegetarian / non-vegetarian (underline)

10. Special questions in which you need help or advice from the organizers (for example, you join the tour on a non-standard day, etc.)

11. Name and contact (mobile + e-mail) of your authorized representative (relative, friend, etc.), which the organizers will be able to contact if necessary:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Do you need an invitation for Russian Visa: yes no

13. Where are you going to apply for Russian Visa?

Country:

City:

14. Possible health restrictions, which are better known to the organizers to provide prompt assistance in case of need. Please complete the medical questionnaire below.

Medical Participant Questionnaire

Please answer the questionnaire. All information you provide is confidential and will be available only to the coordinator and the medical team.

1. Year of birth \_\_\_\_\_\_\_\_

2. Your blood group (if you know)

• I (0)

• II (A)

• III (B)

• IV (AB)

3. Rh factor (if you know)

• Rh +

• Rh-

4. Are you allergic to

- any medications (underline the necessary)?

• *penicillins*  yes no I do not know

• *sulfonamides*  yes no I do not know

• *novocaine*  yes no I do not know

• other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- other allergens?

• pollen

• food products \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you suffer from any diseases? If yes, please tell us about the history of your disease, its external manifestations, the factors provoking the exacerbation and the methods of treatment of these exacerbations.

Examples :

• Respiratory organs - frequent catarrhal diseases, chronic bronchitis, bronchial asthma

• Cardiovascular system - heart defects (mitral valve prolapse, etc.), arterial hypertension (high blood pressure)

• Genitourinary system

• Digestive system - gastritis, ulcer, hepatitis

• Endocrine system - diabetes mellitus, autoimmune thyroiditis

• Organs of sight, hearing, balance - myopia; write if you get sick in transport often

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Do you have joints that bother you regularly (knees, ankles, etc.)? If so, do you use elastic bandages, knee pads, medicines?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Please list the diseases and injuries you have suffered.

Year Disease, injury

8. Do you suffer any infectious disease (which)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do you regularly or periodically take any medications? If so, which ones, for what purpose, in what dosage, how often?

Drug purpose, dosage, frequency and route of administration

10. What was the highest altitude in the mountains? \_\_\_\_\_\_\_\_\_\_\_\_\_ m

11. How do you feel at high altitude? What symptoms do you observe during acclimatization in mountains, how quickly do they go away, how do they stop?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_ Signature