

**Application**  
**WAY UP Extra – September 2024**

*Form B – MEDICAL INFO*

***To be completed by applicant's Doctor (general practitioner or specialist)***

**Applicant Name and Sur Name:**

DOB (mm/dd/yyyy):

**Full name, address and workplace address of medical professional completing form:**

Professional Role:

**Doctor Contact info (in case of Emergency)**

Phone Number:

Email:

*You may be contacted by the Base Camp staff for further clarification on the participant's health status, or in case of emergency.*

**Medical History**

Diagnosis:

Date of diagnosis:

Relevant Medical History:

Is the applicant currently receiving medical care related to this diagnosis? YES / NO (Describe)

Is the applicant receiving maintenance therapy? YES / NO (Describe)

Is the applicant in remission? YES / NO Date of remission:

Has the applicant experienced relapses? YES / NO Date(s) of relapses:

Date and type of last chemotherapy (if relevant):

Has the applicant received radiotherapy? YES / NO  
If so, when and in which part of the body:

Please list all surgeries related to diagnosis:

SPECIAL CARE (Please answer Yes/NO the following care is appropriate):

Broviac/Central line:

Port-a-Cath:

Peritoneal Dialysis Catheter:

Haemodialysis Catheter:

Hearing Loss:

Vision Loss:

Insulin Pump:

Insulin injection:

Wheelchair:

Crutches:

Prosthesis:

Braces/Splints:

Gastrostomy Care:

Nasogastric Care:

Ostomy Care:

Inhalation Therapy:

Skin Care:

Physio :

Cognitive challenges:

If you answered 'Yes' to any please describe:

Current Treatment

*Name*

*Dose*

*Route*

*Frequency/days*

*Notes*

Can the applicant self administer medication/therapies? YES/NO

Other pathologies:

Has the applicant ever had a seizure? YES/NO Date of last seizure:

Circumstances (stress, sensory overstimulation..):

Please list ANY allergies and reactions:

Has the applicant receive a Tetanus immunisation? YES/NO Date of last shot:

Can the applicant bathe in a pool/lake/open body of water?	
Does the applicant have a history of psychological or psychiatric difficulties that could impact wellbeing during the retreat? (Anxiety, Depression...)	
Could the applicant experience serious consequences if subjected to short or prolonged physical exertion? (for example, if they had to undertake a 4-hour slightly uphill hike or climb 6 flights of stairs)	
Please list any challenges the applicant may face with the athletic program (for example musculoskeletal weaknesses, limited movements, neuropathies...):	
Have they ever experienced vertigo/dizziness/feelings of instability or loss of balance? (If yes, specify.)	
Do they take anticoagulant/blood thinner medications?	
Have they ever suffered from problems with altitude (altitude sickness)? YES/NO Do you believe an altitude rise from 1200m to 2000m above sea level would be challenging to the applicant? (Any respiratory and pulmonary difficulties, thrombosis...)	
Has the applicant been advised to abstain from practising any sport/physical activity?	
Additional Notes:	
<p><b><u>Privacy and personal data of DOCTOR</u></b></p> <p>Having read the information on EU REGULATION 2016/679 reported at the bottom/attached,  I AUTHORIZE                      I DO NOT AUTHORIZE (please circle one)  Castel Campo and Associazione Campo Base APS ETS to carry out/have carried out the processing of my personal data for the purposes and with the methods indicated in the information itself.</p>	
Date:	Stamp and signature:

**Application**  
**WAY UP Extra – September 2024**

*Form B – MEDICAL INFO*

***To be completed by applicant's Doctor (general practitioner or specialist)***

**Applicant Name and Sur Name:**

DOB (mm/dd/yyyy):

**Full name, address and workplace address of medical professional completing form:**

Professional Role:      Applicant's General Practitioner working at:  
    Applicant's Cancer specialist working at:

**Doctor Contact info (in case of Emergency)**

Phone Number:

Email:

*You may be contacted by the Base Camp staff for further clarification on the participant's health status, or in case of emergency.*

**Medical History**

Diagnosis:

Date of diagnosis:

Relevant Medical History:

Is the applicant currently receiving medical care related to this diagnosis? YES / NO (Describe)

Is the applicant receiving maintenance therapy? YES / NO (Describe)

Is the applicant in remission? YES / NO Date of remission:

Has the applicant experienced relapses? YES / NO Date(s) of relapses:

Date and type of last chemotherapy (if relevant):

Has the applicant received radiotherapy? YES / NO  
If so, when and in which part of the body:

Please list all surgeries related to diagnosis:

SPECIAL CARE (Please answer Yes/NO the following care is appropriate):

Broviac/Central line:

Port-a-Cath:

Peritoneal Dialysis Catheter:

Haemodialysis Catheter:

Hearing Loss:

Vision Loss:

Insulin Pump:

Insulin injection:

Wheelchair:

Crutches:

Prosthesis:

Braces/Splints:

Gastrostomy Care:

Nasogastric Care:

Ostomy Care:

Inhalation Therapy:

Skin Care:

Physio :

Cognitive challenges:

If you answered 'Yes' to any please describe:

Current Treatment

*Name*

*Dose*

*Route*

*Frequency/days*

*Notes*

Can the applicant self administer medication/therapies? YES/NO

Other pathologies:

Has the applicant ever had a seizure? YES/NO Date of last seizure:

Circumstances (stress, sensory overstimulation..):

Please list ANY allergies and reactions:

Has the applicant receive a Tetanus immunisation? YES/NO Date of last shot:

Can the applicant bathe in a pool/lake/open body of water?	
Does the applicant have a history of psychological or psychiatric difficulties that could impact wellbeing during the retreat? (Anxiety, Depression...)	
Could the applicant experience serious consequences if subjected to short or prolonged physical exertion? (for example, if they had to undertake a 4-hour slightly uphill hike or climb 6 flights of stairs)	
Please list any challenges the applicant may face with the athletic program (for example musculoskeletal weaknesses, limited movements, neuropathies...):	
Have they ever experienced vertigo/dizziness/feelings of instability or loss of balance? (If yes, specify.)	
Do they take anticoagulant/blood thinner medications?	
Have they ever suffered from problems with altitude (altitude sickness)? YES/NO Do you believe an altitude rise from 1200m to 2000m above sea level would be challenging to the applicant? (Any respiratory and pulmonary difficulties, thrombosis...)	
Has the applicant been advised to abstain from practising any sport/physical activity?	
Additional Notes:	
<p><b><u>Privacy and personal data of DOCTOR</u></b></p> <p>Having read the information on EU REGULATION 2016/679 reported at the bottom/attached,  I AUTHORIZE                      I DO NOT AUTHORIZE (please circle one)  Castel Campo and Associazione Campo Base APS ETS to carry out/have carried out the processing of my personal data for the purposes and with the methods indicated in the information itself.</p>	
Date:	Stamp and signature:

**INFORMATION ON THE MANAGEMENT AND STORAGE OF PERSONAL DATA FOR PARTICIPANTS**

BELOW YOU WILL FIND THE INFORMATION REQUIRED BY CURRENT NATIONAL LEGISLATION AND EU REGULATION 2016/679

<b>Who we are</b>	Associazione Campo Base ONLUS promotes assistance and support initiatives in the social sphere, especially for people with serious illnesses or psychosocial distress and is the Data Controller of your data.
<b>What obligations do you have?</b>	We remind you that you have the right to decide whether or not to provide us with the requested data, but otherwise we will not be able to proceed with registration and participation in activities with Campo Base.
<b>What data we process</b>	For the purposes indicated in the information, we will process <b>common personal data</b> and in particular personal data (name, surname, address, telephone number, e-mail and other contact details) and <b>particular personal data</b> such as those relating to the state of health.
<b>Why and how we process your data</b>	<p>We use IT and paper tools to process the data you provide, in order to manage your participation in our activity; in particular, your data is processed to allow the administrative and insurance management of your participation or association, and to allow qualified staff to consciously and preparedly manage your participation in our activities.</p> <p>Once you have completed your participation in our activities, your data will be archived electronically in suitable media (database and software), and for short periods in paper form; this support will then be destroyed.</p> <p>Common personal data and contacts may also be stored on mobile devices and used for communications relating to the association's activities by telephone, text message, email and other messaging services.</p>
<b>On what basis we use your data</b>	<p>The processing of your data is based <b>on consent</b>. In the case of members, it is based on the <b>associative relationship</b> itself.</p> <p>We remind you that the data we request from you are essential for the correct planning of the activities with you, in order to guarantee an experience that is as safe as possible and adapted to the needs of the participant.</p> <p>If you do not intend to give consent, please contact us for further information on your participation at <a href="mailto:info@associazionecampobase.org">info@associazionecampobase.org</a></p>
<b>To whom we will forward your data</b>	<p>The data collected may only be known to personnel specifically in charge of processing operations and may be communicated to:</p> <ul style="list-style-type: none"> <li>- Internal staff at Campo Base, both paid and voluntary;</li> <li>- Staff of supplier companies who may need them to carry out their work as best as possible (canteen);</li> <li>- External consultants who plan activities and who need this information for their correct management;</li> <li>- Law firm (in case of disputes);</li> <li>- Insurance bodies (if necessary).</li> </ul> <p>The data processed <b>will not be disclosed, much less transferred to third parties, nor shared</b> . They will be communicated to other qualified parties exclusively to carry out the operations of the association and to provide information on the activities of the Association. The data will not be transmitted outside the European Union.</p>
<b>How long we will keep your data</b>	<p>We will retain your data in our archives for the period necessary to manage your participation and in view of your subsequent participations, to document our activity and also to respond to your data recovery needs.</p> <p>In any case, the data will be kept for a <b>maximum of five years from your last participation</b> . After that, only some of these will be preserved for reasons of historicity, but they will be made anonymous.</p> <p><b>For members</b> , the personal data relating to the members register will be kept according to the <b>terms of the law</b>.</p> <p>It is understood that your data will be immediately deleted in the event of your signed cancellation of the Membership or at any time in which you decide to exercise the <b>right to be forgotten (deletion) of the data</b>; in this case we will no longer be able to honor what is stated in the signed membership.</p>
<b>What obligations do we have towards him</b>	<p>We have an obligation to respond to your requests to know how and why we process your data; we also have the obligation to correct incorrect data, integrate incomplete data and update data that is no longer accurate; finally, we have the obligations to delete the data and limit the processing; we are obliged to stop processing if you no longer agree; we are obliged to provide you with the personal data concerning you in a commonly used and readable electronic format or to transmit them to another Data Controller indicated by you.</p> <p>If necessary, contact us via email at <a href="mailto:info@associazionecampobase.org">info@associazionecampobase.org</a> so as to verify together whether all the conditions required by law are met and to enable us to respond to your requests in the quickest and most effective manner.</p>
<b>Who can you turn to in case of our shortcomings?</b>	If the response from us is not satisfactory, you can contact the Data Protection Guarantor. <a href="http://www.garanteprivacy.it">www.garanteprivacy.it</a>

31 JANUARY 2024 THEA RASINI - PRESIDENT OF THE CAMPO BASE ASSOCIATION ONLUS +393474859654