

**TO: VISITORS TO U.K. TELESCOPES ON MAUNA KEA
IMPORTANT MEDICAL ALERT**

PLEASE READ CAREFULLY, FOLLOW UP AS NECESSARY, SIGN THE FORM, AND RETURN IT TO THE JOINT ASTRONOMY CENTRE.

The telescopes in Hawaii operated by the Science and Technology Facilities Council (STFC) are located on Mauna Kea at an altitude of approximately 14,000 feet. Ascent to this altitude exposes you to a reduction in atmospheric pressure, which can result in a variety of medical conditions. In certain cases, severe illness or even death can result.

Visitors to the telescopes may suffer headaches, tiredness, irritability, anorexia, insomnia, reduced intellectual capacity, impaired exercise tolerance, and possibly vomiting. It is also possible to develop one of the more severe mountain sicknesses, pulmonary or cerebral oedema, both of which can be fatal.

The altitude may also aggravate pre-existing disease, particularly cardio-vascular and respiratory diseases.

STFC strongly recommends that you bring the above information to the attention of your medical practitioner, and seek appropriate medical advice and clearance. It is also recommended that if you have a pre-existing condition, which could be affected by altitude, you bring this to the attention of your Joint Astronomy Centre host so that they are better able to assist in case of a medical emergency.

This warning is given freely without legal obligation. The STFC does not undertake a duty properly to warn or otherwise to relinquish its rights, immunities, or other protections under Hawaii Revised Statutes, Chapter 520.

No visitors under the age of 16 are permitted.

THE STFC DOES NOT ACCEPT ANY LIABILITY FOR VISITORS TO MAUNA KEA IN RESPECT OF THE POTENTIAL ADVERSE EFFECTS OF ALTITUDE. IF YOU INTEND TO VISIT THE TELESCOPES RUN BY THE STFC ON MAUNA KEA, YOU ARE REQUIRED TO SIGN THE DECLARATION BELOW. YOU ASSUME ALL RISKS.

I have read and understood the medical alert provided by the STFC above, concerning the potential harmful effects of altitude. I have been recommended to seek appropriate medical advice.

I accept that the STFC shall not be held responsible for any adverse effects resulting from exposure to high altitude.

(Please print legibly, or entrance will be denied.)

Name: _____

Name: _____

Address: _____

Address: _____

Signature: _____

(Parent or legal guardian if under age 18)

Signature: _____

(Parent or legal guardian if under age 18)

(For internal use only)

Initials of Staff Guide(s): _____

Facilities visited: ___JCMT ___UKIRT

Date of visit: _____

*Please return form to
Donna Kim or Linda Gregoire
(or by fax: 961-6516)*

(version 31 October 2011)