



Classic Walks and Experiences for the Discerning Traveller

MEDICAL FORM

All participants 70 years and over are requested to download and complete the following form in consultation with their doctor. Please include all details (attach extra sheets if insufficient space). All information is kept confidential.

First Name _____ Middle Name _____ Last Name _____

Date of birth _____ Male _____ Female _____

Tour booked _____ Departure date _____

Medical Information

Height _____ Weight _____

1 a Do you engage in regular exercise?
Yes No Please specify:

1 b Are you undergoing any fitness program in preparation of the tour?
Yes No Please specify

1 c In comparison to other people in your age group, please circle the fitness level that best applies to you:
Excellent Good Average Below Average Poor

1 d Have you ever been on previous "adventure trips"? Yes No
Please specify when, where and degree of physical demand.

2. Have you been hospitalised or had surgery within the last two years?
Yes No Please specify:

3. Do you have any allergies or chronic illnesses (such as diabetes)?
Yes No Please specify:

4. Do you have any history of heart disease, fainting, chest pain, blackouts, palpitations or abnormal shortness of breath when exercising?
Yes No Please specify:

5. Do you have any history of asthma, bronchitis, chest infections, pneumonia, wheezing or coughing with exercise?
Yes No Please specify:

6. Do you smoke cigarettes?
Yes No If so, how many per day:

7. Do you have any history of cramps, arthritis, tendonitis, painful joints or joint swelling?
Yes No Please specify:

8. Do you take any medications on a regular basis?
Yes No Please specify their names and purpose:

9. Are there any side-effects that you can experience from these medications?
Yes No Please specify:

10. Are there any foods you cannot eat, or do you have any other dietary restrictions?
Yes No Please specify:

Emergency contact details

In the unlikely event of you experiencing a health emergency while on tour, who would you like our office to contact?

Emergency Contact 1

Name _____ Address _____

Relationship _____

Telephone number _____ Fax number _____

Emergency Contact 2

Name _____ Address _____

Relationship _____

Telephone number _____ Fax number _____

Family Doctor – (Doctor to complete)

Name _____

Address _____

Telephone number _____ Fax number _____

I _____ have consulted with _____ and have
Name of doctor Name of participant
reviewed his/her medical history relevant to the nature of his/her chosen tour and
declare on reasonable expectations he/she is physically fit to participate.

Signature of Doctor _____ Date _____

I declare that, to the best of my knowledge, the information supplied by me is true and correct

Signature of participant _____ Date _____

Please return completed form to:

Nature-Bound Australia, PO Box 1209, New Farm Queensland Australia 4005
Telephone: +61 7 3254 1911 Facsimile +61 7 3254 1977