

## MEDICAL FORM

All participants 75 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). We are mindful of the wellbeing and enjoyment of all guests participating in our tours. In completing this form we ask you to refer to the Terms & Conditions relating to your tour booking and specifically Clauses 10, 12, 19 and 21.

*All information is kept private and 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 \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact 2**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone number \_\_\_\_\_ Email \_\_\_\_\_

**Family Doctor (Doctor to complete)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

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 1047, Paradise Point Qld 4216 Australia  
Telephone: +61 7 55140873 Email: tours@natureboundaustralia.com