

MEDICAL FORM
(Must be returned 7 days prior to the trip)

The information that you reveal on this form will be kept confidential. It will not be used to deny you access to the program. The information that you provide on this form is vital. It enables the instructors or guides to reduce the risk of injury or illness complications, as well to prepare contingency plans in the event that an emergency does occur.

General Health: _____

Fitness: _____

Swimming ability: _____

Physical Limitations: _____

Psychological Limitations (i.e. Fear of water, heights, darkness, being alone, etc.): _____

Eyesight: Do you wear contact lenses or glasses? _____

Dietary restrictions: _____

Allergies: _____

Medication Allergies: _____

Describe allergic reaction: _____

Medications, prescription and non-prescription: _____
(Check the expiry date and bring a spare supply in case of loss or damage)

Medical conditions or illness (i.e. High blood pressure, heart condition, seizure disorder, HIV+, Diabetes, hypoglycaemia, emphysema, asthma, hay fever, migraines, etc.) _____

Susceptibility to headaches, nosebleeds, fainting, colds, sinus problems or other discomforts?: _____
If yes; please describe: _____

Have you been under a doctor's care in the last 12 months? _____

Back problems: _____
If yes; please describe: _____

Previous history of joint injuries (sprains, dislocations, tendonitis, bursitis, carpal tunnel syndrome, etc.) _____

Use of any inflammatory drugs to control joint inflammation: _____
If yes; type: _____
(Please bring adequate supply for the trip duration)

Infection susceptibility (i.e. wound, urinary tract, sinus, chest, etc): _____

Date of last tetanus inoculation or booster: _____
Tetanus immunization must be up to date (within 10 years). If no tetanus shot we will have to evacuate you within 24 hours of any deep cut on over-night tours.