



CONFIDENTIAL MEDICAL FORM

GENERAL INFORMATION

The information you provide to Adventure People in this form will be held in the strictest confidence, and will be used only to the extent necessary to provide emergency medical care and/or evaluate fitness for travel. Please note that this may include transmitting your data overseas to our travel partners in any of the countries you may be visiting, but only as required. The collection, use, and disclosure of your personal information is governed by the Adventure People Privacy Policy, which can be accessed any time at <http://adventurepeople.net/privacy-policy/>.

Who should complete this form?

All travelers must complete sections 'A', "B", and "C". If you have indicated that you have a pre-existing medical condition you are required to complete section 'D' also. The more information Adventure People has, the more we may assist in the unlikely event of an emergency or provide other medical assistance.

Please note Adventure People will assess the information contained in this form, and reserve the right to ask for a physician assessment for any passenger.

You should always consult with your physician and anyone else familiar with your medical history and needs before embarking on any trip. Please ensure that you have confirmed with a medical professional that you are medically fit to embark on the trip you have booked.

Why do I need to complete this form?

Our tours and expeditions travel to remote areas where limited or no sophisticated medical facilities exist. A medical emergency situation is extremely unlikely; however, should it arise, we want to be armed with the necessary information to help you.

Generally, our tours and expeditions are intended for travelers in reasonably good health, for their safety, along with that of their fellow travelers.

You must provide complete, accurate, and up-to-date information on this form in order to allow Adventure People to safely accommodate you in case of medical situation. Adventure People reserves the right to deny travelers if their medical condition is not suitable for the tour in which they are booked. If you do not disclose a condition, infirmity, injury, or ailment herein and are subsequently deemed to be unfit for adventure travel due in whole or in part to such condition, infirmity, injury or ailment, Adventure People shall have the right to remove you from the Vessel with no refund or compensation payable.

If there are any changes to your physical/medical condition or otherwise to your responses below after your submission of this form to Adventure People, you must notify Adventure People immediately of that change. Adventure People reserves the right to request an up-to-date certification from a licensed physician in the event of such a change. If the information contained on this form is found to not be accurate as of your date of travel and you have not provided Adventure People with notice of such change, you may be removed from the tour or expedition with no refund or compensation payable. Information provided in this form must be supplied at maximum 12 months prior to first date of travel.

What happens if I don't complete this form?

In the event you have made a booking with Adventure People and subsequently are unable or refuse to complete this medical form for any reason by the final payment date as specified in our terms and conditions, Adventure People reserves the right to consider your booking canceled as of that day and applicable cancellation penalties will apply.

How do I complete this form?

It is very important for your own health and safety that you complete all questions fully and truthfully. In the event of a medical emergency, the information you have provided could be crucial.

All passengers must complete, and return sections 'A', 'B', 'C' If passengers answer yes to any question in section 'B', then proceed to section 'D'. Part 1 of section 'D' must be completed by yourself, and Part 2 given to your medical practitioner to complete on your behalf. Each of you must then sign and return the entire document, sections 'A', 'B', 'C' & 'D'.

**** Please return this form to Adventure People in the Client Portal ****

SECTION A – GENERAL INFORMATION – Please complete all fields

Name: _____ Booking Reference: _____
 Trip Name: _____ Departure Date: _____

SECTION B – MEDICAL INFORMATION – Please complete all fields

1. During the last 5 years, have you suffered any significant illness, been hospitalized or required regular care by a doctor? Yes No

If YES, please indicate reason: _____

2. Have you ever had any of the following:

- a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems? Yes No
- b) Asthma effects my everyday activities and/or I use medication or an inhaler regularly Yes No
- c) High blood pressure, heart or respiratory problems, or rheumatic fever? Yes No
- d) Gout or arthritis or any back, leg or foot problems? Yes No
- e) Gastric or duodenal ulcer, colitis or intestinal trouble? Yes No
- f) Epilepsy or fits of any kind? Yes No
- g) Kidney or bladder disease? Yes No
- h) Diabetes, cancer or tumour of any kind? Yes No

3. Do you have any physical limitations, handicaps or prosthesis? Do you have difficulty walking or use a device for mobility assistance such as crutches, cane or wheelchair? Yes No

If YES, please specify: _____

4. Do you take medication or drugs related to a pre-existing medical condition? Yes No

5. Do you have any allergies, or reactions to any medication or drugs? Yes No

If YES, please specify: _____

6. Are you pregnant? Yes No

If YES, how many weeks pregnant will you be at the time of travel? _____

7. Are you affected by any other pre-existing medical conditions not listed above? Yes No

If YES, please specify: _____

Please Note:

*** If you indicated “YES” to any of the above questions (excluding question 5), you must now proceed to section ‘D’.**

**** Please return this form to Adventure People in the Client Portal ****



SECTION C – To be completed by all passengers

This section must be fully completed, please DO NOT OMIT any of the following details

| | | | |
|--------------------------|-------|---|-------|
| Date of birth: | _____ | Blood type (if unknown indicate 'unknown'): | _____ |
| Height: | _____ | Weight: | _____ |
| Insurance Provider: | _____ | | |
| Insurance contact phone: | _____ | Insurance policy number: | _____ |
| Emergency contact name: | _____ | Emergency contact phone: | _____ |

No sophisticated medical facilities are available in many of the areas we travel. We ask you to complete this confidential medical report so that all due care may be anticipated. For those who are embarking on one of our expedition trips, please be aware that these trips are intended for persons in reasonably good health and with full mobility. Passengers who are not fit for long trips for any reason, including mobility issues, disability, heart or other health conditions are advised not to join the tour. This could result in an unreasonable risk to your health and to the enjoyment of all those in the group. Should any such condition become apparent, the Company reserves the right to decline or accept or retain you and any other passenger at any time before or during the trip.

I attest I am in good general health, and capable of performing normal activities on this adventure. I further attest that I am capable of caring for myself during the trip, and that I will not impede the progress of a tour or the enjoyment of others in the group. I understand that this adventure will take me far from the nearest medical facility and that all travelers in the group must be self-sufficient. With that understanding, I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create a hazard to myself or other members of the group. I agree that should there be any change to the information I have given herein or to my physical or medical condition that I will notify Adventure People and, if requested, provide an up-to-date version of this completed form. I agree that any failure to provide full and complete medical information to Adventure People may result in the cancellation of my booking without further compensation payable to me for any loss.

I declare the answers to the above questions are true and complete. I agree to this information being made available to Adventure People.

Passengers signature

Date

**** Please return this form to Adventure People in the Client Portal ****



SECTION D – MEDICAL PRACTITIONER FORM

If you indicated 'YES' to any question in section 'B', then please complete this section. *Part 1* must be completed by yourself, and *Part 2* given to your licensed physician for completion. At the bottom of the document, both yourself, and the physician must sign the document. Once completed, please return a signed copy to us.

Become familiar with the trip details, the physical demands, the location of the tour, and access to medical facilities should they be required. Please contact Adventure People if you require any additional information with respect to such details. Armed with these, we ask yourself and your medical practitioner to please complete the below:

Part 1 – to be completed by you

Your Name _____
First Middle Last

Booking Number _____

Name of tour _____

Please note information provided here may be forwarded onto select parties to ensure a safe and enjoyable tour. All information kept by the Company is done so in accordance with the Privacy Policy, and information will only be shared with those who need to know.

Part 2 – to be completed by a licensed physician

Our tours and expeditions travel to remote areas where limited or no medical facilities exist. These trips are intended for travelers in reasonably good health without potential underlying life threatening illnesses that may require urgent medical attention of this level.

Name of Physician _____

Phone Number _____ e-mail _____

Office _____

Address _____

Please list any current medical conditions, infirmities, disabilities or physical limitations.

Please list all medication currently taken. If more room is required, please attach a separate list

| Trade name | Generic name | Dose/Strength | Frequency | Purpose |
|------------|--------------|---------------|-----------|---------|
|------------|--------------|---------------|-----------|---------|

If this patient has been hospitalized, or had surgery, at any time during the last 5 years, please tell us when and why

I have read the trip details and am familiar with both the physical demands, and the remote location(s) of this trip, and the fact this tour may travel far from the nearest medical facilities. I am also aware that on our sailing trips and expeditions, vessels are not equipped with elevators and that the gangways and stairwells onboard, as well as the motion of the vessel, may pose an increased risk to passengers with mobility issues. With this knowledge, I have considered the suitability of this travel, and to the best of my knowledge believe this person to be physically and psychology fit to undertake this trip.

I further declare the answers provided above to be accurate, complete and truthful.

Physician signature _____ Patient signature _____

Date _____ Date _____

**** Please return this form to Adventure People in the Client Portal ****