

CONFIDENTIAL MEDICAL FORM

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 affects 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?

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?

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

Yes No

7. Are you affected by any other pre-existing medical conditions not listed above?

If YES, please specify: _____

Yes No

**** Please return this form by e-mail to info@plusvalleyadventure.com**

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:	_____
Emergency Name Contact Number 1:	_____	Emergency Contact Number 2 :	_____

No sophisticated medical facilities are available in the mountains, and may not be available on our other itineraries or locations to which Plus Valley Adventure travels. Although each vessel carries a limited infirmary with basic medications and equipment, we ask you to complete this confidential medical report so that all due care may be provided. Expedition travel is 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 condition are advised not to join the tour, which would entail an unreasonable risk to your health and to the enjoyment of all those aboard. 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 expedition. I further attest that I am capable of caring for myself during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others aboard. I understand that this expedition will take me far from the nearest medical facility and that all expedition members 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 expedition. 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 Plus Valley Adventure 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 Plus Valley Adventure 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 Plus Valley Adventure.

Passengers signature

Date

An Outdoor Adventure Travel Company

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 your travel agent or G Adventures 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 vessel _____

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 expeditions travel to remote areas where limited, or no, tertiary 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
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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 tours may travel far from the nearest medical facilities. I am also aware that the expedition Vessel is 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 _____

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