



Wild Earth ADVENTURES

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Medical Form and Personal Information

Tour Name _____

Tour Date _____

To assist our guides, and to ensure that you have a safe and enjoyable experience, please complete the following information. Please be honest with your level of experience, as guides will tailor the trip and instruction to the level of the group. Disclosures made on this form and all information is completely confidential.

IMPORTANT: Please return this form as soon as possible and write in capitals. One form MUST be completed for each traveller.

Your Contact Information:

Cell/Mobile Phone: _____

Name: _____

Telephone: _____

Address: _____

Email: _____

Postal Code: _____ Country: _____

Friends or family on the same tour and their relationship to you:

Contact Person in Case of an Emergency:

Name: _____

Telephone: _____

Address: _____

Relationship to you: _____

Doctors Name: _____

Telephone: _____

Travel / Medical Insurance Details:

Name of company providing plan: _____

Phone number: _____

Name of plan: _____

Medical number: _____

Personal Information:

Date of birth: _____ (D/M/Y)

Sex: Male Female

Height: _____

Weight: _____

Your level of fitness:

Not active

1 2 3 4 5 6 7 Olympic Class

Outdoor Experience:

Sea Kayaking

None 1-4 days 5-10 days 10+days

Lake Canoeing

None 1-4 days 5-10 days 10+days

River Kayaking

None 1-4 days 5-10 days 10+daysMulti Day

Hiking

None 1-4 days 5-10 days 10+days

Horse Riding

None 1-4 days 5-10 days 10+days

Your swimming ability:

Can't swim-----1-----2-----3-----4-----5

Other Water Activities: (e.g. diving, sailing)_____

Other Outdoor Activities: (e.g. camping, hiking)_____

Do you have a preference for single or double kayak (**if relevant to your trip**)?

(Note that we use a combination of doubles and singles for safety reasons and will often make the decisions as to which kayak best suits each person. We cannot always guarantee your request but we will try our best to accommodate you).

General Health: (Please provide as much detail as possible in regards to any medical conditions or health or physical concerns that you have)

Do you have any personal concerns (eg. fear of water, seasickness, physical limitations etc.)?

No / Yes (please circle and give detail)

Do you have any injuries or medical conditions that may be irritated by kayaking?

No / Yes (please circle and give detail)

Known allergies or sensitivities: (anaphylactic to bees, wasps, food, etc)

No / Yes (please circle and detail severity and date of past reactions)

Do you carry an Epi-pen and/or antihistamines (if your allergies are severe you should have one) No / Yes

Is your tetanus inoculation current? No / Yes (please circle) Give date? Month: _____ Year: _____

(You need to have had a tetanus shot within the last 10 years.)

Have you been under a doctor's care in past 12 months?

No / Yes (please circle and detail)

Do you wear glasses or use a hearing aid? (If you wear glasses make sure you have straps)

No / Yes (please circle)

Are you currently taking any medications?

No / Yes (please circle and detail medication and reason taken below)

If you are bringing medication please ensure that:

1. The name and expiry date of drug is on container
2. You have the detailed instructions of dosage and frequency.
3. Pack in water and sun proof container.

Dietary:

Do you have any food allergies or dietary restrictions? N / Y (please circle). We make our best effort to cater to those with food allergies and special diets. Please note that for those with severe allergies we cannot guarantee that our kitchen will be 100% trace free of the item you are allergic to. We can accommodate diets such as vegetarian, vegan, non-seafood, wheat free and dairy but may not be able to accommodate other special diets where you are on a strict menu plan. You may want to bring some of your own snacks. Feel free to call us if you have any concerns. If you do have special dietary needs please also fill out our more detailed form.

Do you eat FISH? _____

Do you follow a VEGETARIAN diet? _____ Do you eat OTHER SEAFOOD? _____

Do you follow a VEGAN (no meat or dairy) diet?

Name of PARTICIPANT: _____ Signature: _____

Date signed: _____

Name of WITNESS: _____

Signature: _____

If participant is under the age of 19, or under the age of responsibility elsewhere.

(Name of parent or guardian) (Signature)