



CONFIDENTIAL MEDICAL FORM.

General Information

The information provided to Earthbound Adventures, will be held to the strictest confidence and will be used only to the extent to provide necessary emergency medical care and/or evaluate physical health and fitness for travel. Please note that this may include transition of relevant data to any/all countries you may be visiting, or to the Earthbound Adventures office, but only as required. The collection, use and disclosure of your personal information is governed by Earthbound Adventures policy, which can be accessed any time at www.earthboundadventures.com

How should you complete the form?

All travellers over the age of 65 must complete sections, "A" and "B". If you have indicated that you have pre - existing medical conditions, you are required to complete section "C" also. The more information provided to Nomad, the more we would be able to assist and provide medical assistance in the unlikely event of an emergency.

Please note that Earthbound Adventures will assess the information contained in this document, and reserve the right to further ask for a Physician assessment for any traveler.

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

Why do I need to complete this form?

Our tours, travel to remote areas where limited or no medical facilities are located. A medical emergency situation is extremely unlikely however, should it arise, we are armed with the necessary information to be able to assist.

Generally, our tours are intended for travellers in reasonably good health, for their safety, along with that of their fellow travellers. Therefore, you must provide complete, accurate and up – to – date information on this form in order to allow Earthbound Adventures to safely accommodate you during the tour. Earthbound Adventures reserves the right to deny passage to any traveller who is unable to safely participate.

If you do not disclose a condition, infirmity, injury or ailment, and are subsequently deemed to be unfit for travel due to the whole or in part to such condition, Earthbound Adventures reserves the right to remove you from the tour with no refund or compensation.

If there are changes to your physical/medical condition or otherwise to your responses below after submission of the form to Nomad, you must notify us immediately of that change.

Earthbound Adventures 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 in this document is found to be not accurate, as of date of travel, and we were not notified of such a change. Earthbound Adventures reserves the right to remove any traveller for the tour with no refund or compensation. Information provided in this document, must be supplied 10 weeks prior to departure.

What happens If I don't complete this form

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

How do I complete this document?

It is extremely important for your own health and safety, that you complete all questions fully and truthfully. In the unlikely event of a medical emergency, the information you have provided will be crucial. All travellers must complete and return sections "A" and "B".

If you answered "Yes" to any question in section "B", then proceed to section "C".

Part 1 of section "C" must be completed by yourself and Part 2 given to your medical practitioner to complete on your behalf. Each of you must the sign and return the entire document, sections "A", "B" and "C".



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?

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 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?

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? 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 by e-mail to: forms@earthboundadventures.com.



SECTION C- To be completed by all passengers

This section must be fully completed, please do not omit at of the following details

Date of birth: _____ Type of blood (if unknown indicate "unknown): _____

Height: _____ Weight: _____

Insurance provider: _____

Insurance contact number: _____ Insurance policy No: _____

Emergency contact name: _____

Emergency contact phone NO.: _____

No sophisticated medical facilities are available in some of the destination you be traveling to, and may not be available on our other itineraries or locations to which Earthbound 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. Expeditions/Adventure 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, Earthbound Adventures or its agents, 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 expeditions/adventure. I further attest that I am capable of caring for myself during the expeditions/adventure, and that I will not impede the progress of the expeditions/adventure or the enjoyment of others aboard. I understand that this expeditions/adventure will take me far from the nearest medical facility and that all expeditions/adventure 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 expeditions/adventure. 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 Earthbound Adventures 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 Earthbound Adventures 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 Earthbound Adventures.

passenger signature

date

Please print name.

Please email this return this form by e-mail to : forms@earthboundadvetures.com

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/adventure tour Vessel/trucks are not equipped with state of the art equipment or medical equipment. 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 by e-mail to: forms@earthboundadventures.com