

SECTION A -GENERAL INFORMATION - please complete all fields

Name: _	Booking Referen	nce:		
Trip Name: Departure I				
SECTI	ON B – MEDICAL INFORMATION - Please complete all field	ls.		
1.	During the last 5 years, have you suffered any significa required regular care by a doctor? If YES, please indicate reason:		hosp	italized or
2.	Have you ever had any of the following: a) Tuberculosis, chronic bronchitis, emphysema or any other lung	problems? Yes	s□ l	No□
	b) Asthma effects my everyday activities and/or I use medication of	or an inhaler Yes	s□ 1	No□
	c) High blood pressure, heart or respiratory problems, or rheumatic	c fever? Yes	s□ l	No□
	d) Gout or arthritis or any back, leg or foot problems?	Yes	s□ l	No□
	e) Gastric or duodenal ulcer, colitis or intestinal trouble?	Yes	s l	No□
	f) Epilepsy or fits of any kind?	Yes	s□ l	No□
	g) Kidney or bladder disease?	Yes	s□ l	No□
	h) Diabetes, cancer or tumour of any kind?	Yes	s □	No□
levice f	you have any physical limitations, handicaps or prosthesis? Do you mobility assistance such as crutches, cane or wheelchair? please specify:	Yes	-	king or use a No□
	ou take medication or drugs related to a pre-existing medical condit.		 e 1	No□
5. Do yo	ou have any allergies, or reactions to any medication or drugs? S, please specify:		<u> </u>	_
6. Are you pregnant? If YES, how many weeks pregnant will you be at the time of travel?		Yes	s l	No□ -
7. Are you affected by any other pre-existing medical conditions? If YES, please specify:		Yes	s l	No□

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, pleas	se 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.:	
other itineraries or locations to which Earth medications and equipment, we ask you to Expeditions/Adventure travel is intended for long trips for any reason, including mol which would entail an unreasonable risk to become apparent, the Company, Earthbour other passenger at any time before or durin activities on this expeditions/adventure. If and that I will not impede the progress of the expeditions/adventure will take me far from sufficient. With that understanding, I certific condition or disability that would create a lithere be any change to the information I ha Adventures and, if requested, provide an upcomplete medical information to Earthbour	ilable in some of the destination you be traveling to, and may not be available on our abound Adventure travels. Although each vessel carries a limited infirmary with basic complete this confidential medical report so that all due care may be provided. For persons in reasonably good health and with full mobility. Passengers who are not fit bility issues, disability, heart or other health condition are advised not to join the tour, of your health and to the enjoyment of all those aboard. Should any such condition and Adventures or its agents, reserves the right to decline or accept or retain you and any age the trip. I attest I am in good general health, and capable of performing normal further attest that I am capable of caring for myself during the expeditions/adventure, the expeditions/adventure or the enjoyment of others aboard. I understand that this in the nearest medical facility and that all expeditions/adventure members must be self-by that I have not been recently treated for, nor am I aware of, any physical or other hazard to myself or other members of the expeditions/adventure. I agree that should ave given herein or to my physical or medical condition that I will notify Earthbound p-to-date version of this completed form. I agree that any failure to provide full and and Adventures may result in the cancellation of my booking without further I declare the answers to the above questions are true and complete. I agree to this bound Adventures.
passenger signature	date
Please print name.	

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

SECTION D – MEDICAL PRACTITIONER FORM

Part 1 - to be completed by you

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 Earthbound 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:

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/adventures take us 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 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/adventure tou
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