



**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](mailto: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.



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](mailto:forms@earthboundadventures.com)