



MEDICAL HISTORY

Whilst most personal medical issues do not preclude tour participation, some unexpected local conditions in remote destinations, together with limited medical facilities and means of rapid evacuation, may make tour participation inadvisable for some. In order that Friendly Islands Kayak Company (FIKCo) is able to offer advice in this respect, please accurately and completely list below any personal health or medical issues you consider relevant for FIKCo and its guides to know in advance of your tour. If you are aged 65 or older we require a medical certificate approving your participation in this activity. Your doctor can contact FIKCo for more information on the level of activity for this trip. Please note that although FIKCo's guides are well trained in first aid and carry an extensive first aid kit, our tours do not have an accompanying doctor/physician. Once completed, please sign and return this medical form promptly to FIKCo's NEW ZEALAND office by email. All information given will be treated as strictly confidential.

TRIP NAME: _____ **DEPARTURE DATE:** _____

PERSONAL DETAILS:

Last Name: _____ First Name(s): _____

Date of Birth (DDMMYY): _____ Gender: _____

Height: _____ Weight: _____ Foot size: _____ Chest size: _____

IN CASE OF EMERGENCY:

Your **contact's** name: _____ Their relationship to you: _____

Their work/mobile telephone: _____ Their home telephone: _____

Their home address: _____

Your **doctor's** name: _____ His/her telephone: _____

Name of **travel insurance** company: _____

24hr Emergency telephone: _____ Policy No.: _____

Note: Personal travel insurance is not included in the trip cost and is a pre-requisite for trip participation. We recommend you purchase a comprehensive policy that includes airfare, trip cancellation, medical and evacuation cover.

PLEASE PROVIDE THE FOLLOWING DETAILS:

Do you wear glasses? Yes / No Do you wear contact lenses? Yes / No

Physical condition: _____

Special dietary requirements: _____

Known allergies: _____

Current medication: _____

Condition(s) for which the above medication is prescribed: _____

Tetanus immunization date (must be current within the last 10 years): _____

Note: Inoculation for Hepatitis A and B and Typhoid is recommended.

Have you been under a doctor's care in the last 12 months? Yes / No

If yes, please provide details: _____

ANY HISTORY OF THE FOLLOWING (If yes, please provide details below):

Anaphylaxis	Yes / No	Asthma	Yes / No
Diabetes	Yes / No	Epilepsy	Yes / No
Head injury	Yes / No	Heart or circulatory condition	Yes / No
High blood pressure	Yes / No	Joint injury / dislocation / mobility restrictions	Yes / No
Anxiety / depression	Yes / No	Schizophrenia	Yes / No

Other: _____

Additional details: _____

Physical limitations: _____

The information contained herein is correct so far as I know. If my medical condition changes before my trip I will immediately inform Friendly Islands Kayak Company.

Signature of Applicant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____