



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 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 by email. All information given will be treated as strictly confidential.

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

PERSONAL DETAILS:

Last name: _____ First name: _____

Date of birth (DD/MM/YY): _____ Gender: _____

Height (cms): _____ Weight (kgs): _____ Foot size: _____ Chest size: _____

IN CASE OF EMERGENCY:

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

Their work/cell 'phone no.: _____ Their home 'phone no.: _____

Their home address: _____

Your doctor's name: _____ Their 'phone no.: _____

Name of travel insurance company: _____

Policy no.: _____ 24hr Emergency 'phone no.: _____

Note: Personal travel insurance is not included in the trip cost and is a pre-requisite for booking and 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: _____

(If participant is under 18 years of age)