

# Confidential Medical Form

## General information

The information you provide to Adventure Out Loud in this form will be held in the strictest confidence and will be used only to the extent necessary to provide necessary emergency medical care and/or evaluate fitness for travel. Please note that this may include transmitting your data overseas to any countries to which you may be visiting but only as required. The collection, use and disclosure of your personal information is governed by Adventure Out Loud's privacy policy which we will gladly provide you with a copy of upon request.

## Who should complete this form?

All travellers must complete sections A and B. **If you have indicated that you have a pre-existing medical condition, are over the age of 55 or are undertaking a high altitude climb as part of your adventure (i.e. Mt Meru or Mt Kilimanjaro) you are required to complete section C also.** The more information Adventure Out Loud has, the better we can assist you in the unlikely event of an emergency or provide other medical assistance.

Please note Adventure Out Loud will assess the information contained in this form and reserves the right to ask for a physician assessment for any passenger.

You should always consult with 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 adventure you have booked.

## Why do I need to complete this form?

Our adventures are often to remote areas where limited or no sophisticated medical facilities exist. A medical emergency situation is extremely unlikely; however, should it arise we would like to have the necessary medical information to help you.

Generally, our expeditions are intended for travellers in reasonably good health for their safety, along with that of their fellow travellers.

You must provide complete, accurate and up-to-date information on this form in order to allow Adventure Out Loud to safely accommodate you on our adventures. Adventure Out Loud reserves the right to deny you participation in one of our adventures where we have determined that you cannot safely complete the tour. If you do not disclose a condition, infirmity, injury or ailment herein and are subsequently deemed to be unfit for our adventure in whole or in part to such condition, infirmity, injury or ailment, Adventure Out Loud shall have the right to remove you from the tour with no refund or compensation payable.

If there are any changes to your physical/medical condition or otherwise to your responses below after your submission of the form to Adventure Out Loud, you must notify us, in writing, immediately of that change. Adventure Out Loud 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 on this form is found not to be accurate as of your date of travel and you have not provided Adventure Out Loud with notice of such change, you may be removed from the adventure with no refund or compensation payable.

## What happens if I don't complete this form?

In the event you are unable or refuse to complete this form, for any reason, Adventure Out Loud reserves the right to consider your booking cancelled and will do so 21 days before the departure date.

## How do I complete this form?

It is very important for your own health and safety that you complete all questions fully and truthfully. In the event of a medical emergency, the information you have provided could be crucial.

**All passengers must complete and return sections A and B. If a passenger answers yes to any questions in section B OR they are over 55 years of age or are trekking in high altitude (above 3,000m) they must also complete section C.** Part 1 of section C must be completed by the participant and Part 2 given to your medical practitioner to complete on your behalf.

## Section A: General information

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ cm

Weight: \_\_\_\_\_ kg

Blood type (if known): \_\_\_\_\_

Exercise:

How many times per week? \_\_\_\_\_

Average session time? \_\_\_\_\_

High/medium or low intensity? \_\_\_\_\_

Emergency contact:

Name: \_\_\_\_\_

Relation to you: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Travel insurance details:

Insurer name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Please return the completed and signed form to [info@adventureoutloud.me](mailto:info@adventureoutloud.me)

**Section B: Medical information**

	Yes	No	If YES, please provide more details:
1. During the last 5 years, have you suffered any significant illness, been hospitalized or required regular care by a doctor?			
<b>2. Have you ever had any of the following:</b>			
a. Phobias?			
b. Lung problems (i.e. Tuberculosis, chronic bronchitis, emphysema)?			
c. Asthma that effects everyday activities and/or use medication/inhaler?			
d. High blood pressure, heart or respiratory problems, or rheumatic fever?			
e. Gout or arthritis or any back, leg or foot problems?			
f. Gastric or duodenal ulcer, colitis or intestinal trouble?			
g. Epilepsy or fits of any kind?			
h. Kidney or bladder disease?			
i. Diabetes, cancer or tumour of any kind?			
j. Acute Mountain Sickness or High Altitude Pulmonary/Cerebral Oedema?			
k. Sickle Cell Disease?			
l. Allergies, or reactions to any medication or drugs?			
m. History of migraines?			
3. Do you have any physical limitations, handicaps or prosthesis?			
4. Do you have difficulty walking or use a device for mobility assistance?			
5. Do you take medication or drugs related to a pre-existing medical condition?			
6. Are you pregnant?			
7. Are you affected by any other pre-existing medical conditions not listed above?			

**Declaration**

Sophisticated medical facilities may not be available during our adventures. Although each tour leader 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. 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, Adventure Out Loud 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 expedition. I further attest that I am capable of caring for myself during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others aboard. I understand that this adventures will take me far from the nearest medical facility and that all expedition 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 expedition. 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 Adventure Out Loud 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 Adventure Out Loud 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 Adventure Out Loud.

\_\_\_\_\_  
Passengers signature

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

**Part C: Medical practitioner form**

If you indicated 'YES' to any question in section B, you are over 55 years of age OR you are trekking at altitude with us (i.e. Mt Meru or Mt Kilimanjaro), you MUST 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 Adventure Out Loud if you require any additional information with respect to such details. Considering these, we ask yourself and your medical practitioner to please complete the below:

**Part 1 – to be completed by you**

Name: \_\_\_\_\_ Adventure: \_\_\_\_\_

Please note information provided here may be forwarded onto select parties to ensure a safe and enjoyable tour. All information kept by Adventure Out Loud 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**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Office address: \_\_\_\_\_

Please list any current medical conditions, infirmities, disabilities or physical limitations.

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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 hospitalised, or had surgery, at any time during the last 5 years, please tell us when and why

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I have read the tour details and am familiar with both the physical demands, and the remote location(s) of this trip, and the fact this tour may travel far from the nearest medical facilities. 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

\_\_\_\_\_  
Physician full name

\_\_\_\_\_  
Date