

Printable Medical Form

For travellers with pre-existing medical conditions

The information you provide to Tours for your Soul 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.

Who should complete this form?

All travellers must complete sections 'A', "B", and "C". If you have indicated that you have a pre-existing medical condition you are required to complete section 'D' also. The more information Tours for your Soul has, the more we may assist in the unlikely event of an emergency or provide other medical assistance. Please note Tours for your Soul will assess the information contained in this form, and reserve 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 tour. Please ensure that you have confirmed with a medical professional that you are medically fit to embark on the travel you have booked.

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', 'B', 'C' If passengers answer yes to any question in section 'B', then proceed to section 'D'. Part 1 of section 'D' must be completed by yourself, and Part 2 given to your medical practitioner to complete on your behalf. Each of you must then sign and return the entire document, sections 'A', 'B', 'C' & 'D'.

** Please return this form by e-mail to 'info@toursforyoursoul.com' .

SECTION A – GENERAL INFORMATION

Name:

Tour name:

Departure Date:

Return 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:

No Yes: _____

2. Have you ever had any of the following:

a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems?

No Yes

b) Asthma effects in my everyday activities and/or I use medication or an inhaler regularly?

No Yes

c) High blood pressure, heart or respiratory problems, or rheumatic fever?

No Yes

d) Gastric or duodenal ulcer, colitis or intestinal trouble?

No Yes

e) Epilepsy or fits of any kind?

No Yes

f) Kidney or bladder disease?

No Yes

g) Diabetes, cancer or tumour of any kind?

No Yes

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? If YES, please specify:

No Yes: _____

4. Do you take medication or drugs related to a pre-existing medical condition?

No Yes

5. Do you have any allergies, or reactions to any medication or drugs? If YES, please specify:

No Yes _____

6. Are you pregnant? If YES, how many weeks pregnant will you be at the time of travel?

No Yes _____

7. Are you affected by any other pre-existing medical conditions not listed above? If YES, please specify:

No Yes _____

Please Note: * If you indicated "YES" to any of the above questions (excluding question 5), you must now proceed to section 'D'. *

SECTION C – To be completed by all passengers

This section must be fully completed, please DO NOT OMIT any of the following details

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, Tours for your Soul 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. 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 travellers on the tour. 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 Tours for your Soul 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 Tours for your Soul 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 Tours for your Soul. "

Full name: _____

Passengers signature _____

Date _____

**** Please return this form by e-mail to info@toursforyoursoul.com****

SECTION D – MEDICAL PRACTITIONER FORM

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 Tours for Your Soul 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:

Part 1 – to be completed by you

Your full name _____

Name of the tour _____

Dates of the tour _____

Please note information provided here may be forwarded onto select parties to ensure a safe and enjoyable tour. All information kept by Tours for Your Soul 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 tours travel to remote areas where limited 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 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 tour may travel a ways 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 _____

Date _____

Patient signature _____

Date _____

** Please return this form by e-mail to info@toursforyoursoul.com **