

Adventure Guide Pre-Departure Questionnaire

Destination

Name (As in Passport) Nationality

Passport No. Date of Issue Date of Expiry.....

Address

..... Post Code

Email

Tel: Mob:

Contact details in case of emergency

Name Relationship

Address (if different from above).....

.....Post Code

Email.....

Tel: Mob:

Insurance

Name of insurance provider

Policy No: Emergency Contact No.

Dietary Requirements

Are you vegetarian? YES/NO

Do you have any special dietary needs? YES/NO

If Yes, please explain

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Do you have any food intolerances/allergies? YES/NO

If Yes, please explain

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Medical Information

1. Are you taking any medication on a regular basis? YES/NO If Yes, please give details

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2. Is there any medical condition we should be aware of? YES/NO If Yes, please give details

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3. List any major accidents, illnesses or operations you have had in the last five years.

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4. Do you have back or knee problems? YES/NO If Yes, please give details

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5. Do you smoke? YES/NO

6. List any allergies you have to any form of medication

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7. Have you ever experienced altitude sickness (Only answer if on a trekking trip)

YES/NO If Yes, please give details.....

8. Do you have any history of the following? (If Yes, please give details)

Any heart or circulatory disease? YES/NO

Any bronchial disorders? YES/NO

Asthmatic? YES/NO

Epileptic? YES/NO

Declaration

I understand that by placing a cross in the box the information I have given is correct to the best of my knowledge and that I agree to participate in the trip and all that it entails.

Signature of participant: