

SEA KAYAK AVANTURE - MEDICAL HISTORY FORM

To prevent yourself from possible health problems please fill out this medical form with your health issues and medical history. This form is necessary for our guides in the case of any injury. At the end of the trip this form will be destroyed as recycling paper. Our guides are well trained in first aid and they carry an extensive first aid kit. We also have organized evacuation plan.

If you are older than 70 you must require a medical approving from your doctor that you can participate in this activity. You can give us requested document when you arrive or you can send it in e-mail with this form.

Name and Surname:

Birthdate: Weight: Height:
(please note the unit, meters, kilos, lbs.....)

Trip name(e.g..Adriatic Odyssey):

Date of departure:

Languages you speak(eg.English,German...)

Special dietary requierments:(please list the food you don't eat,e.g.,fish,meat or gluten free)

Please list all information regarding the following:

Blood Group (if known) :

Physical Condition 1/5 :

Any type of physical limitations (please list them)? : Yes/No

Any Known Allergies? (please list type and the type of medication): Yes/No

Do you suffer from Anaphylaxis? Yes/No

Raised blood pressure? Yes/No

Circulatory or heart problems (list the type of medication)? Yes/No

Ulcers? Yes/No

Claustrophobia? Yes/No

Problems with skin (if Yes,please list): Yes/No

Surgical Operations (specify)? Yes/No

Diabetes (list the type of medication)? Yes/No

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Asthma (how often)? Yes/No

Epilepsy (list the type of medication)? Yes/No

Mental or emotional Instability (list the type of medication)? Yes/No

Pregnancy (at which stage)? Yes/No

Irritable bowel syndrome? Yes/No

Any other digestive problems, please list? Yes/No

Joint injury (specify)? Yes/No

Are you on any Medications (please list them)? Yes/No

Do you wear glasses or contact lenses? Yes/No Glasses/Lenses

Date of last tetanus inoculation or booster:

Any Additional Details:

IN CASE OF EMERGENCY PLEASE CONTACT

Name:

Phone number with area code::

Address:

Relationship:

TRAVEL INSURANCE INFORMATIONS

Company name:

Policy number:

Emergency assist phone: _____
(please include area code)