

HEALTH FORM

TOUR NAME _____

This information is confidential and will not be used except in the event that information for first aid or emergency treatment should be necessary while on tour. As tours travel into areas where medical facilities vary from basic first aid to comprehensive; we need your assistance to ensure that your tour goes smoothly. One form to be completed for each tour participant. This form is destroyed at the end of the tour.

NAME AND CONTACT DETAILS

Family name _____ First name(s) _____ Title _____

Phone Home _____ Work _____ Mobile _____

Email _____

Please answer the following questions as fully as possible:

What **medical conditions** (including surgery) have you received attention for in the last 5 years?

What **medication(s)** do you take or use regularly?

Have you had a **Covid-19 vaccination**? What date(s) did you receive the vaccination?

*** Please send a copy of your vaccination certificate with this form ***

Please list any known **allergies** you may have:

Do you have **any other conditions** your Tour Manager should be aware of? (eg hearing, visual, mental or physical)

DOCTOR'S CONTACT INFORMATION

Doctor's Name _____

Doctor's Clinic Name & Address _____

Doctor's Phone Number (and mobile if known) _____

EMERGENCY CONSENT AND SIGNATURE

I hereby give my consent to the participating institutions and personnel in Calder & Lawson Tours to refer me to appropriate medical staff in case of extreme medical emergency when physically unable to give such consent or when a delay in obtaining such consent could constitute a serious risk to life.

Signature _____ Date _____