



ELEMENTS – WOMEN'S TRAVEL

MULTI-DAY MEDICAL FORM

There are four pages to this medical form. Please take the time to answer all the questions. If you need additional space, please use an additional sheet of paper. This information helps Elements staff manage risks and plan effectively for this tour.

Participant			
Tour Name			
Tour Dates			
Tour Location			
Address			
Phone #1		Phone #2	
Email		Fax	
Emergency Contact #1		Relationship to Participant	
Phone #1		Phone #2	
Emergency Contact #2		Relationship to Participant	
Phone #1		Phone #2	
Doctor's Name		Phone	
Health Care Plan Name			
Policy Number			

**Medical Conditions**

Have you ever had, or are you prone to any of the following:					
Heart Condition	Yes	No	Emphysema	Yes	No
High Blood Pressure	Yes	No	Seizure Disorders	Yes	No
Diabetes	Yes	No	Joint Dislocations	Yes	No
Chronic Headaches	Yes	No	Broken Bone	Yes	No
Asthma	Yes	No	Nose Bleeds	Yes	No
Depression	Yes	No	Critical Stress	Yes	No
Surgery within the last year	Yes	No			
If you answered YES to any of the above conditions, please take a moment to provide details so that we can better help you manage your safety during this program.					



**Allergies**

Do you have any known allergies or have you ever had an allergic reaction?	Yes	No
If your answer was YES, was the reaction localized or systemic?	Localized	Systemic
Please describe what causes the reaction.		

**Drugs**

Are you currently taking any prescription or non-prescription drugs?	Yes	No
If YES, what is the name?		
What is the dosage?		
What is the condition you are taking it for?		
What are the side effects of this medication?		
Are there any effects if you miss your medication?		
What are the effects if you take too much of your medication?		

**Recent Medical History**

Are you currently susceptible to infections?	Yes	No
Have you had a serious illness in the last year?	Yes	No
Have you traveled to the tropics in the last 3 months?	Yes	No
Do you wear contact lenses?	Yes	No
Do you smoke?	Yes	No
Are you pregnant?	Yes	No
Are you taking birth control pills?	Yes	No
If you answered YES to any of the questions, please provide the details.		



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**Inoculations**

Tetanus Shots are valid for 10 years. A current Tetanus Shot is required for all Elements Adventure Tours.	
When was your last Tetanus Shot?	

**Fitness**

In your opinion, your current fitness level would be:	Excellent	Good	Fair	Poor
Are you prone to getting cold?			Yes	No
Do you have any physical or mental limitations that might impact on your ability to participate fully in this tour?			Yes	No
If you answered YES, please provide details.				

**Diet**

This information is required to plan appropriate meals on Elements tours. If you have special dietary needs, please let us know as soon as possible so that we can make the necessary adjustments. Our menu is vegetarian-based and augmented with chicken and other proteins. A sample of our menu is available upon request.
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Do you have any specialized dietary needs?	YES	NO		
If you answered yes, please provide us with details:				
Do you Drink:	Coffee	Tea	Other	How many cups a day?



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**IF YOU ARE BRINGING MEDICATION WITH YOU**

- Bring twice as much as you are required to take for the entire length of the tour, pack it in tow waterproof and UV proof containers and store it in an appropriate place.
- List dosage, frequency instructions and expiry on the outside of each container. Include the name of the drug as well.
- Give one container to your guide in case you lose or damage your own. Please note that guides cannot administer medication.
- Make sure your medication has not expired.
- Discuss drug complications and allergies with your guide.
- Bring all literature pertaining to your medication.

I have completed this medical form accurately and truthfully, and to the best of my knowledge. I understand that any injury or illness that is aggravated by, or as a result of my participation in this tour and any evacuation costs arising thereof, is solely my responsibility and I therefore release Elements Women's Travel, its directors, managers, employees, and associates from any future claim I might make against them. I understand that it is my responsibility to inform Elements before my tour starts, of any medical conditions that may have arisen after filling out this form.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

Participants Signature:	
Witness Signature:	
Witness Name:	