



ELEMENTS – WOMEN'S TRAVEL

SINGLE DAY MEDICAL FORM

There are two 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 Date			
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 moment to provide details so that we can better help you manage your safety during this tour.					



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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?		

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 _____.

Participant's Signature:	
Witness Signature:	
Witness Name:	