



ELDERTREKS
SMALL GROUP
EXOTIC ADVENTURES
FOR TRAVELERS 50 PLUS

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MEDICAL FORM

- This form is to be completed by each participant of your booking.
- This form must be submitted to ElderTreks office prior to your final payment.
- A doctors signature is mandatory for all travellers over the age 80.

ElderTreks tours travel to remote areas and often take us great distances from sophisticated medical facilities. It is for these reasons our tours are intended for persons in reasonably good health in accordance with the Activity Level rating of each individual tour. Passengers who are not fit for such a tour for any reason, including disability, limited mobility or other health condition which may entail a risk to your health and to the enjoyment of all fellow travellers, are advised not to join the tour.

Please complete this confidential medical form with all your relevant information which we need to be aware of when taking our valued passengers to remote places. ElderTreks does reserve the right to decline a tour reservation based on the information provided. Any apparent falsification of this form in regards to the exclusion of pertinent information of the health and fitness levels of the applicant, which impacts the pace of the tour and the enjoyment of fellow travelers, could result in a premature dismissal from the tour at your own expense.

Travelers are advised to bring along your own regular medication. Medications and prescriptions are not available in many of the remote areas in which we travel. Please bring sufficient quantities of all prescription medications required to last the duration of the tour, in conjunction with a few extra days should your return travel plans be delayed. As ElderTreks will not be able to cover any costs for emergency medical treatment or evacuation coverage, we strongly recommend that you carry medical insurance which includes emergency evacuation in the case of any unforeseen medical incident.

Please note: On tours that are not ElderTreks exclusive, such as Aranui - Sailing French Polynesia and polar destinations, a separate medical form from our partner operators may be required.

FIRST NAME (print): _____ **LAST NAME** (print): _____

TOUR NAME: _____ **TOUR DATE:** _____

EMERGENCY CONTACTS INFORMATION - Contacts who will be home while you are away.

1. Name: _____ Relationship: _____

Address: _____

Phone #: _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____

Phone #: _____ Email: _____

MEDICAL

1. List all prescription medications that you are taking at this time. Exclude any vitamins and supplements.

Trade or Generic Name	Dose/Strength	Purpose	Frequency

2. Please describe all sickness, medical conditions, disease, injuries or treatments that required hospitalization within the last 12 months:

3. Check all of the applicable conditions below that have not been stable for at least 5 years.

- Neurological - Stroke, Motor Neuron Diseases, Multiple Sclerosis, Parkinson's Disease, Polio, Disorders of Balance, Seizures (epilepsy), Dementia, Memory Disorders, Intellectual Impairment
- Musculoskeletal - Joint Replacements, Muscle Disorder (e.g. Muscular Dystrophy)
- Eyes - Glaucoma
- Ambulation - Use of Cane, Walker
- Sensory - Blindness, Deafness, Disorders of Sensation (e.g. Peripheral Neuropathy)
- Physical - Amputee, Post Trauma Physical Disabilities, Post Surgery Physical Disabilities
- Gastrointestinal - Crohn's Disease, Inflammatory Bowel Disease, Ulcer
- Heart - Bypass Surgery, Angioplasty, Stent, High Blood Pressure, Rhythm Problems, Pacemaker, Heart Failure
- Immune Disorders - HIV, AIDS, Steroid Use
- Cancer - Any Type
- Lung - Emphysema (COPD), Asthma, Ever Been on a Ventilator
- Mental Health Disorders - Depression, Bipolar Disease, Mania, Schizophrenia, Psychosis
- Endocrine - Diabetes, Thyroid
- Blood Thinner - Anticoagulants (coumadin)

HEALTH

1. Do you have any significant physical limitations or require walking aids of any description?

No: Yes - specify: _____

2. Do you have any allergies?

No: Yes - specify: _____

3. Do you have any dietary restrictions?

No: Yes - specify: _____

4. Lactose Intolerance or Gluten/Celiac?

No: Yes - specify: _____

5. Do you travel with a portable CPAP?

No: Yes - specify: _____

6. Do you require a hearing aid or have any hearing impairment?

No: Yes - specify: _____

ELDERTREKS ACTIVITY LEVELS - GUIDELINES

1. Easy	This may include individual hikes up to one hour with some inclines. Walking through archeological sites for 1-2 hours, stopping along the way. Walking through towns or cities for 1 hour. Should be able to climb 2-3 flights of stairs and walk at least 1 mile without any problems.
2. Moderately Easy	This may include individual hikes of 2 hours, which may have gentle slopes. Walking through towns or cities for 1 or more hours. Archeological sites for 2-3 hours. Should be able to climb 3-4 flights of stairs and walk at least 2 miles with no problem.
3. Moderate	This may include individual hikes up to 3 hours, with some steep slopes and loose surfaces. Should be able to climb 5-6 flights of stairs and walk at least 3 miles without a problem.
4. Moderately Challenging	This may include individual hikes up to 4 hours, with some steep slopes and loose surfaces. Walking through towns and cities for 3 or more hours. Should be able to climb 6-7 flights of stairs and walk at least 4 miles without a problem.
5. Challenging	Designed for hiking. Individual hikes may be up to 8-10 hours, with some steep slopes and loose surfaces. Should be able to climb 8-10 flights of stairs and walk at least 8 miles without any major problems.

6. Your Tour has an Activity Level rating of **3**.

Evaluate your general health: Poor: Fair: Good: Excellent:

Evaluate your physical condition/stamina: Poor: Fair: Good: Excellent:

My fitness level falls within the Activity Level guideline for the tour: Yes: No:

PHYSICIAN INFORMATION

All passengers who will be over the age of 80 at the time of departure are required to fill out this section and have your physician sign in agreement that your health and medical condition is as stated and to attest to your capabilities to participate in the tour.

Also, if you are under the age of 80, yet have checked any of the conditions marked in the Medical section, Question 3, you are also required to fill out this section as per the above paragraph.

Your Physician's Full Name: _____

Email: _____

Phone #: _____ Fax #: _____

Office Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

- I agree that information contained within this medical form is true to my knowledge and that the applicant is of acceptable level of health and fitness to participate in the tour.

Dr. Signature: _____ Date: _____

HEALTH STATEMENT - Mandatory for all participants.

I attest that I am in good health and capable of performing normal activities on this tour. I further attest that I am capable of caring for myself during the tour and that I will not impede the progress of the tour or the enjoyment of other participants. I understand that this tour will possibly take me far from the nearest medical facility and that all participants must be self-sufficient in regards to any prescription medications. I understand that medical evacuation may be expensive and delayed due to location, and that the costs involved in such an instance are ones accountable to the participant or through their insurer. I understand that medical attention while on tour is limited to the basic care of the tour leader and/or local guides until proper medical professionals are available. I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create an unreasonable risk to myself or pose a hazard to the other members of the tour.

Yes: Name/Signature: _____ Date: _____

All conditions, symptoms, lifestyle factors, allergies and medications noted above are accurate. I am financially responsible for any and all medical expenses. I authorize the release of any medical or other information necessary to the health care provider for any necessary services. I understand that ElderTreks will rely on the truth and accuracy of the information provided above. I will release, indemnify and hold harmless ElderTreks of and from any liability for damage caused by errors or omissions in the information provided above.

Yes: Name/Signature: _____