

CONFIDENTIAL MEDICAL FORM

GENERAL INFORMATION

The information you provide to G Adventures in this form will be held in the strictest confidence, and will be used only to the extent necessary to provide necessary emergency medical care and/or evaluate fitness for travel. Please note that this may include transmitting your data overseas to any countries to which you may be visiting, or to a G Adventures global office, but only as required. The collection, use, and disclosure of your personal information is governed by the G Adventures Privacy Policy, which can be accessed any time at <http://www.gadventures.com/terms-conditions/privacy/> or by e-mailing privacyofficer@gadventures.com. If you have any concerns with respect to the handling of your personal information by G Adventures, please contact the G Adventures Privacy Officer at privacyofficer@gadventures.com

Who should complete this form?

All travellers must complete sections 'A', "B", and "C". If you have indicated that you have a pre-existing medical condition you are required to complete section 'D' also. The more information G Adventures has, the more we may assist in the unlikely event of an emergency or provide other medical assistance.

Please note G Adventures will assess the information contained in this form, and reserve the right to ask for a physician assessment for any passenger.

You should always consult with your physician and anyone else familiar with your medical history and needs before embarking on any adventure travel. Please ensure that you have confirmed with a medical professional that you are medically fit to embark on the travel you have booked.

Why do I need to complete this form?

Our expeditions travel to remote areas where limited or no sophisticated medical facilities exist. A medical emergency situation is extremely unlikely; however, should it arise we are armed with the necessary information to help you.

Generally, our expeditions are intended for travellers in reasonably good health for their safety, along with that of their fellow travellers.

What happens if I don't complete this form?

In the event you have made a booking with G Adventures and subsequently are unable or refuse to complete this medical form for any reason by the final payment date as specified in our terms and conditions, G Adventures reserves the right to consider your booking cancelled as of that day and applicable cancellation penalties will apply.

How do I complete this form?

It is very important for your own health and safety that you complete all questions fully and truthfully. In the event of a medical emergency, the information you have provided could be crucial..

All passengers must complete, and return sections 'A', 'B', 'C' If passengers answer yes to any question in section 'B', then proceed to section 'D'. Part 1 of section 'D' must be completed by yourself, and Part 2 given to your medical practitioner to complete on your behalf. Each of you must then sign and return the entire document, sections 'A', 'B', 'C' & 'D'.

SECTION A – GENERAL INFORMATION – Please complete all fields

Name: _____ Booking Reference: _____
Trip Name: _____ Departure Date: _____

SECTION B – MEDICAL INFORMATION – Please complete all fields

1. During the last 5 years, have you suffered any significant illness, been hospitalized or required regular care by a doctor? Yes No

If YES, please indicate reason: _____

2. Have you ever had any of the following:

a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems? Yes No

b) Asthma effects my everyday activities and/or I use medication or an inhaler regularly Yes No

c) High blood pressure, heart or respiratory problems, or rheumatic fever? Yes No

d) Gout or arthritis or any back, leg or foot problems? Yes No

e) Gastric or duodenal ulcer, colitis or intestinal trouble? Yes No

f) Epilepsy or fits of any kind? Yes No

g) Depression, anxiety or mental disorder? Yes No

h) Kidney or bladder disease? Yes No

i) Diabetes, cancer or tumour of any kind? Yes No

3. Do you have any physical limitations, handicaps or prosthesis? Do you have difficulty walking or use a device for mobility assistance such as crutches, cane or wheelchair? Yes No

If YES, please specify: _____

4. Do you take medication or drugs related to a pre-existing medical condition? Yes No

5. Do you have any allergies, or reactions to any medication or drugs? Yes No

If YES, please specify: _____

6. Are you pregnant? Yes No

If YES, how many weeks pregnant will you be at the time of travel? _____

7. Are you affected by any other pre-existing medical conditions not listed above? Yes No
If YES, please specify: _____

Please Note:

*** If you indicated “YES” to any of the above questions (excluding question 5), you must now proceed to section ‘D’.**

SECTION C – To be completed by all passengers

This section must be fully completed, please DO NOT OMIT any of the following details

Date of birth:	_____	Blood type (if unknown indicate 'unknown'):	_____
Height:	_____	Weight:	_____
Insurance Provider:	_____		
Insurance contact phone:	_____	Insurance policy number:	_____
Emergency contact name:	_____	Emergency contact phone:	_____

No sophisticated medical facilities are available in the Antarctic, and may not be available on our other itineraries. Although each vessel carries a limited infirmary with basic medications and equipment, we ask you to complete this confidential medical report so that all due care may be provided. Expedition travel is intended for persons in reasonably good health. Passengers who are not fit for long trips for any reason, including disability, heart or other health condition are advised not to join the tour, which would entail an unreasonable risk to your health and to the enjoyment of all those aboard.

I attest I am in good general health, and capable of performing normal activities on this expedition. I further attest that I am capable of caring for myself during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others aboard. I understand that this expedition will take me far from the nearest medical facility and that all expedition members must be self-sufficient. With that understanding, 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 a hazard to myself or other members of the expedition.

I declare the answers to the above questions are true and complete. I agree to this information being made available to G Adventures.

Passengers signature

Date

SECTION D – MEDICAL PRACTITIONER FORM

If you indicated 'YES' to any question in section 'B', then please complete this section. *Part 1* must be completed by yourself, and *Part 2* given to your medical practitioner for completion. At the bottom of the document, both yourself, and the medical practitioner must sign the document. Once completed, please return a signed copy to us.

Become familiar with the trip details, the physical demands, the location of the tour, and access to medical facilities should they be required. Armed with these, we ask yourself and your medical practitioner to please complete the below:

Part 1 – to be completed by you

Your Name _____
First Middle Last

Booking Number _____

Name of vessel _____

Please note information provided here may be forwarded onto select parties to ensure a safe and enjoyable tour. All information kept by the Company is done so in accordance with the Privacy Policy, and information will only be shared with those who need to know.

Part 2 – to be completed by your medical practitioner

Our expeditions travel to remote areas where limited, or no, tertiary medical facilities exist. These trips are intended for travelers in reasonably good health without potential underlying life threatening illnesses that may require urgent medical attention of this level.

Name of medical practitioner _____

Phone Number _____ e-mail _____

Office _____

Address _____

Please list any current medical conditions, infirmities, disabilities or physical limitations.

Please list all medication currently taken. If more room is required, please attach a separate list

Trade name	Generic name	Dose/Strength	Frequency	Purpose
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If this patient has been hospitalized, or had surgery, at any time during the last 5 years, please tell us when and why

I have read the trip details and am familiar with both the physical demands, and the remote location(s) of this trip, and the fact this tours may travel far from the nearest medical facilities. With this knowledge, I have considered the suitability of this travel, and to the best of my knowledge believe this person to be physically and psychology fit to undertake this trip.

I further declare the answers provided above to be accurate, complete and truthful.

Physician signature _____ Patient signature _____

Date _____ Date _____