

# Southern Sea Ventures Medical History Form



While most personal medical issues do not preclude trip participation, unexpected conditions in remote destinations with limited medical facilities and means of rapid evacuation, may make participation inadvisable for some. In order for Southern Sea Ventures (SSV) to offer advice in this respect, please accurately and completely list below any personal health or medical issues.

If you are aged 65 or older we require a medical certificate from your doctor approving your participation in this activity. Your doctor may contact SSV for more information regarding the level of activity on your chosen trip. Please note that although SSV's guides are well trained in first aid and carry an extensive first aid kit, our camping/kayak tours do not have an accompanying doctor/physician. Our ship-based trips do have a doctor on board. Once completed, please sign and return this medical form promptly to SSV's Australian office. All information given will remain strictly confidential.

Trip Name \_\_\_\_\_ Departure Date \_\_\_\_\_

## PERSONAL DETAILS

Last Name		First Name(s)	
Date of Birth (DD/MM/YY)	Gender <input type="radio"/> M <input type="radio"/> F	Height*	Weight*

\*This enables our guides to 'fit' you to your kayak equipment and safety gear in advance of your arrival.

## EMERGENCY CONTACT INFORMATION

Name	Work Phone	Mobile Phone	Home Phone
Address		Relationship To You	
Your Doctor's Name		Doctor's Phone	
Name of Travel Insurance Company			
Policy No.	24 Hr Emergency Phone		

Personal travel insurance is not included in the trip cost and is a pre-requisite for trip participation. We recommend you purchase a policy that includes airfare, trip cancellation (in particular cancellation owing to severe weather), and medical coverage.

## PLEASE LIST ALL INFORMATION REGARDING THE FOLLOWING

Current physical condition:
Any known allergies? (List all)
Do you suffer from any Anaphylaxis (severe allergic reaction)?
Do you have any physical limitations?
Date of last tetanus inoculation or booster? <i>required within last 10 years</i> (dd/mm/yy)
Date of hepatitis inoculation. <i>Hepatitis A &amp; B recommended</i> (dd/mm/yy)
Are you on any medications? <input type="radio"/> yes <input type="radio"/> no If yes, provide details and what they are prescribed for.

Have you been under a doctors care in the last 12 months? <input type="radio"/> yes <input type="radio"/> no If yes, provide details.
Do you wear glasses or contacts?
Special dietary requirements:

**DO YOU HAVE A HISTORY OF THE FOLLOWING** (if yes, please add details/medications)

Raised blood sugar? <input type="radio"/> yes <input type="radio"/> no
Heart or circulatory disease? <input type="radio"/> yes <input type="radio"/> no
Asthma? <input type="radio"/> yes <input type="radio"/> no If yes, how often are the attacks? Please provide asthma plan and medications.
Epilepsy? <input type="radio"/> yes <input type="radio"/> no List medication (if any) and date of last attack.
Diabetes? <input type="radio"/> yes <input type="radio"/> no List medication (if any).
Digestive or bowel disorders? <input type="radio"/> yes <input type="radio"/> no If yes, specify.
Joint injury? <input type="radio"/> yes <input type="radio"/> no Specify date of injury and joint.
Surgical operations? <input type="radio"/> yes <input type="radio"/> no If yes, specify.
Anxiety, depression or other mental health disorders? <input type="radio"/> yes <input type="radio"/> no List medication (if any).
Any additional details:

The information contained herein is correct so far as I know. If my medical condition changes before my trip I will immediately inform Southern Sea Ventures.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or guardian's signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

\*Must be completed for participants under the age of 18

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