

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 years or over, or have a significant pre-existing medical condition, SSV requires a doctor's approval for your trip participation. It is essential your doctor be informed of the level of activity required and the country of travel of your chosen trip and may contact SSV for details. Once completed, please sign and return this medical form promptly to SSV's Australian office. All information given will remain strictly confidential.

TRIP NAME _____ TRIP DEPARTURE DATE _____

TRIP GRADING _____

Personal Details:

SURNAME _____ FIRST NAME(S) _____

DATE OF BIRTH (DD/MM/YY) _____ GENDER M 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. _____ EMERGENCY ASSIST 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? REQUIRED WITHIN LAST 10 YEARS (DD/MM/YY) _____

DATE OF HEPATITIS INOCULATION. HEPATITIS A & B RECOMMENDED (DD/MM/YY) _____

SPECIAL DIETARY REQUIREMENTS _____

SOUTHERN SEA VENTURES

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WWW.SOUTHERNSEAVENTURES.COM

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ARE YOU ON ANY MEDICATIONS? YES NO IF YES, PROVIDE DETAILS AND WHAT THEY ARE PRESCRIBED FOR

HAVE YOU BEEN UNDER A DOCTORS CARE IN THE LAST 12 MONTHS? YES NO IF YES, PROVIDE DETAILS

DO YOU WEAR GLASSES OR CONTACTS? GLASSES CONTACTS NO

Do you have a history of the following (if yes, please add details/medications)

RAISED BLOOD SUGAR? YES NO List medication (if any) _____

HEART OR CIRCULATORY DISEASE? YES NO List medication (if any) _____

ASTHMA? YES NO If yes, how often are the attacks? Please provide asthma plan and medications

EPILEPSY? YES NO List medication (if any) and date of last attack _____

DIABETES? YES NO List medication (if any) _____

DIGESTIVE OR BOWEL DISORDERS? YES NO If yes, specify _____

JOINT INJURY? YES NO Specify date of injury and joint _____

SURGICAL OPERATIONS? YES NO If yes, specify _____

ANXIETY, DEPRESSION OR OTHER MENTAL HEALTH DISORDERS? YES 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.

For those aged 65 years and over or who have a significant pre-existing medical condition, please have your doctor complete this section.

I have examined my patient _____ (name) and in my opinion they are fit for a multi-day kayak trip.

DOCTOR'S NAME _____ SIGNATURE _____ DATE _____

If your doctor would like to include more details, please ask them to provide SSV with a separate letter.

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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