



MEDICAL FORM

Name:		Date Of Birth:
Address:		Sex:
Home Phone:	Dates of Travel & Destination: (island & tour)	
Emergency Contact Person & Address:		
Contact Phone Numbers:		
Relationship to Participant:		

Do you exercise regularly? YES NO What type of exercise and how often: .....

Do you have any allergies? If yes, please state severity of reaction and what medication is normally used.....

Do you take any regular medication? (Include details) .....

Do you have a pre-existing medical condition? (Include details) .....

Do you know your blood group? ..... If so, what is it? .....

Do you have / have you been treated for any blood born infectious diseases? YES NO

What was the date of your last tetanus injection? .....

Have you ever had any of the following: (If YES, provide details)

Eye Problems:	Short of Breath on Exertion:
Prescription Glasses / Contacts:	High Blood pressure:
Dizziness:	Chest Pain:
Epileptic Seizures or fits:	Dental Problems:
Blackouts:	Mental Illness:
Severe Headaches:	Depression:
Sinus Problems / Hay fever:	Claustrophobia:
Recurrent Ear Infections:	Diabetes:
Deafness or ringing in Ears:	Elevated Blood Sugar Level:
Operation On Ear:	Bleeding problem:
Asthma or Wheezing: (if yes, please fill in questionnaire overleaf)	Operation:
Pneumonia or Bronchitis:	Hospital Admission:
Operation on Lungs:	Indigestion / Reflux or Ulcer:
Chest Injury:	Hepatitis or Liver Disease:
Medicare Card Number:	Place on Card (ie No 1, 2, 3 etc)

**INDEMNITY & AUTHORISATION FORM**

In visiting exotic and remote destinations with Vanuatu Custom Travel, you will be granted access to enter a culture & environment very different to your usual home conditions. While the unique qualities of such places are likely known and appreciated, Vanuatu Custom Travel would like you to be aware that to take a tour and travel in this part of the world you will be presented with situations, conditions and risks not usual in your everyday life at home. We ask you to read and sign below acknowledging that you are aware and understand your own responsibilities relating to adventurous travel in Vanuatu.

I/We .....

Of (address) .....Postcode: .....

I consent to my participation in the tour (activities, food, accommodation & transport) arranged by Vanuatu Custom Travel. I acknowledge that the tour and environment involves risks & possible health issues beyond the safety of my usual life at home or work. In signing this document, I am aware of the general nature of the tour (activities, accommodation & transport) and that this tour, environment & culture represent a departure from my normal routines and may be physically demanding. I am aware that this tour will likely involve an altered or increased risk of illness, injury or death, as a result of factors such as, but no limited to, aggravating a pre-existing condition or illness, an accident sustained during an activity or during other times, a road or traffic related accident, environmental factors, or disease.

I acknowledge that Vanuatu Custom Travel, staff, village hosts and guides undertake to exercise due care and skill to minimise exposure to known risks. I understand that all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Vanuatu Custom Travel, staff, village hosts & guides.

I understand that the activities arranged by Vanuatu Custom Travel might require me to obey instructions and co-operate with its staff, village hosts or guides. I acknowledge I have an ordinary ability to comprehend instructions, propensity to obey instructions and propensity to co-operate. I also have an ordinary ability to comprehend danger and take care of my own safety.

I agree that if I suffer an injury or illness, Vanuatu Custom Travel can, at the cost to my travel insurer, or to myself arrange medical treatment and emergency evacuation services as Vanuatu Custom Travel or its staff, village hosts or guides deem appropriate for my safety or well-being.

I have been supplied a copy of the **Booking Conditions**. I understand and accept those conditions.

(Signed) .....Date: ...../...../.....

**ASTHMA QUESTIONNAIRE (please supply asthma plan if you have one)**

1. How long has the applicant suffered from asthma?
2. What normally triggers asthma attacks (e.g. exercise, pollen, animals)?
3. What is the frequency of attacks?
4. What treatment is needed during a severe attack?
5. How often do you need to use a ventolin? Daily Weekly Monthly Yearly
6. Has hospital treatment for asthma ever been necessary?
7. Date of most recent attack?
8. Are steroids necessary to prevent or treat attacks? If so, please state doses and type of steroids used.

**NB: Should any details or medical conditions alter before departure, it is your responsibility to inform Vanuatu Custom Travel of those changes.**