

# Adventure Travel Medical and Profile Form

Please complete all sections of this form. This information is required to ensure your safety and well-being during your upcoming adventure travel trip. This document is designed to be printed and kept on hand by your trip leader.

## 1. Personal & Trip Details

Full Name:

Date of Birth (DD/MM/YYYY):  Gender:

Passport Number:  Nationality:

Scheduled Trip Name:  Departure Date:

## 2. Emergency Contact Information

Primary Emergency Contact Name:

Relationship to Participant:  Telephone Number:

Alternative Contact Phone:  Email Address:

## 3. Medical History & Health Status

Blood Type:

Do you have any known allergies? (Food, drugs, insect stings, etc.):

List any current prescription medications you are taking:

Detail any pre-existing medical conditions (e.g., Asthma, Diabetes, Cardiac issues, Joint injuries):

Do you have any dietary restrictions or preferences?:

## 4. Travel & Medical Insurance Details

Insurance Provider Name:  Policy Number:

24-Hour Emergency Assistance Phone Number:

## 5. Adventure Fitness & Experience Level

How would you describe your current physical fitness level? (e.g., Low, Moderate, High):

Describe your previous experience with high-activity travel (e.g., trekking, rafting, climbing):

## 6. Declaration & Signature

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I understand that adventure travel involves inherent risks, and I confirm that I am physically fit to participate in the scheduled activities.

Participant Signature:

Date: