



ADVENTURE CANADA

PERSONAL INFORMATION FORM – PAGE 1 OF 7

Please PRINT clearly when completing this form and indicate dates as Month / Day / Year. Three signatures are required on this form.

Our expeditions travel to remote areas that often take us great distances from sophisticated medical facilities. Although the vessel has a qualified physician and small infirmary, it is intended for basic care only. Our expeditions are intended for persons in reasonably good health. Passengers, who are not fit for such an expedition for any reason, including disability, limited mobility or other health condition that would entail a risk to your health and to the enjoyment of all passengers aboard, are advised not to join the tour.

Please complete this confidential medical report. The doctor onboard the vessel will be made aware of your conditions and medications. If you have additional medical considerations that would be relevant to travel in remote places, please attach a separate document outlining past medical, surgical and medication histories. Should any such condition become apparent, we reserve the right to decline, to accept or retain you or any other passenger at any time during the trip. Although it is not mandatory, we suggest you visit or consult with your doctor before you embark on this voyage. A further doctor's form may be required.

Passengers are advised to bring along their own regular medication in their carry-on luggage. Medications and prescriptions are not available onboard or in remote communities. Please have sufficient quantities to last should your return travel plans be delayed. Passengers are further advised that medical evacuation, if available, is expensive. It is mandatory that you carry medical insurance that includes emergency evacuation, for a minimum of \$75,000.00USD. The policy should indicate air ambulance or air evacuation.

PASSPORT DETAILS:

Last Name	First Name	Middle Name
Date of Birth (MM / DD / YYYY)	Country of Birth	
Citizenship	Passport #	Country Issued
Date Issued	Date Expires	

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Relationship
Home Telephone	Cell / Mobile



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BOOTS AND JACKETS:

Adventure Canada will be providing rubber boots for use onboard, to be returned at the end of your voyage. You will also be supplied with an Adventure Canada expedition jacket, which will be yours to keep! This jacket is a waterproof shell, and should fit comfortably over your warm layers. Please provide your sizes for these items by circling options below. Please note that we are only able to provide the jacket sizes listed below.

BOOTS	M / F	5	6	7	8	9	10	11	12	13
JACKET	M / F	XS	S	M	L	XL	XXL	XXXL		

Do you have any dietary restrictions?

No Yes If yes, please specify: _____

Are you lactose-intolerant or gluten-free / Celiac?

No Yes If yes, please specify: _____

Please select one of the following meal options for transit days, including charter flights (if applicable).

Regular Vegetarian Vegan Lactose-free Gluten-free

Please list all medications that you are taking at this time. Provide the name, dosage, how often you take it and the purpose. If you require more space, please attach a separate sheet.

TRADE / GENERIC NAME	DOSE / STRENGTH	PURPOSE	FREQUENCY

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HEALTH STATEMENT - A DOCTOR'S FORM MAY BE REQUIRED - THIS IS AT ADVENTURE CANADA'S DISCRETION:

Please check yes or no if you have had any of the following health concerns:

CARDIAC

Myocardial infarction (heart attack)	Yes	No
Congestive heart failure (pulmonary edema – water on the lungs)	Yes	No
Narrowing or hardening of the arteries	Yes	No
Coronary artery disease (stenosis, CAD, arteriosclerosis)	Yes	No
Ischemic heart disease (angina)	Yes	No
Arrhythmia, including atrial fibrillation (irregular rhythm, palpitations)	Yes	No
Hypertension (high blood pressure)	Yes	No
High cholesterol	Yes	No
Arterial bypass/angioplasty and/or the placement of a stent for a cardiovascular condition. If yes, please indicate how recently:	Yes	No

Less than 12 months ago
 1 to 5 years ago
 5-10 years ago
 More than 10 years

Do you have any allergies?

No
 Yes

If yes, please specify:



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RESPIRATORY

Asthma	Yes	No
Pneumonia	Yes	No
Pulmonary embolism (clot in lungs)	Yes	No
Chronic Obstructive Pulmonary Disease (COPD, emphysema)	Yes	No

GASTROINTESTINAL

Peptic ulcer (stomach or duodenal)	Yes	No
Diverticulitis (infection in lower bowel)	Yes	No
Bowel obstruction	Yes	No
Crohn's disease or ulcerative colitis	Yes	No
Gastro-esophageal reflux disease (GERD; acid reflux)	Yes	No

MOBILITY

Do you require the use of walking sticks?	Yes	No
Do you require the use of a walker?	Yes	No
Do you require the use of a wheelchair?	Yes	No
Any other mobility assistance needed?	Yes	No

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OTHER

Stroke and/or transient ischemic attack (TIA or mini-stroke)	Yes	No
Diabetes	Yes	No
If yes, do you require insulin?	Yes	No
Urinary tract infections	Yes	No
Kidney stones	Yes	No
Kidney disease	Yes	No
Recent trauma	Yes	No
Dementia (including Alzheimer’s disease)	Yes	No
Do you have an Epipen?	Yes	No
Liver disease	Yes	No
Seasickness/motion sickness	Yes	No
Do you travel with a CPAP machine?	Yes	No

If YES has been checked to any of the above questions, please fill out details below (onset of condition, procedures, surgeries, treatments, physical ailments or deficits resulting from condition).

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Any medical history not listed above? Please list and fill out details below.

I attest that I am in good 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. I understand that this expedition will be far from the nearest medical facility and that all expedition members must be self-sufficient. I am aware that an emergency evacuation may be unavailable, expensive and delayed. I understand that medical facilities and attention available on board the ship are limited to basic care. 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 an unreasonable risk to myself or to the other members of the expedition.

Yes

Signature Required

Date

All conditions, symptoms, lifestyle factors, allergies, and medications noted above are accurate. I am financially responsible for any and all medical expenses. I authorize the release of any medical or other information necessary to the health care provider for any necessary services. I understand that Adventure Canada will rely on the truth and accuracy of the information provided above. I will release, indemnify and hold harmless Adventure Canada of and from any liability for damage caused by errors or omissions in the information provided above.

Yes

Signature Required

Date

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INSURANCE WAIVER - MANDATORY MEDICAL AND EVACUATION INSURANCE

I acknowledge that Emergency Evacuation and Medical Insurance coverage is required to partake in my Adventure Canada program, which must include air ambulance or air evacuation to the minimum of \$75,000.00USD. I have travel insurance that fully covers both Medical and Emergency Evacuation.

Cancellation & Interruption Insurance

Emergency Medical and
Medical Evacuation Coverage (*mandatory*)

Name of Insurance Provider

Policy #

Insurance provider Emergency Phone #

LIABILITY RELEASE FORM

I, the undersigned will not hold my tour operator, travel agent / travel agency or sponsoring organizations responsible for any expenses incurred as a result of

- (i) my refusal to purchase travel insurance for the full amount and duration of trip
- (ii) weather or itinerary changes (see Terms and Conditions)
- (iii) Any expense as a result of an incident requiring medical attention or evacuation
- (iv) Any legal suit as a result of improper Emergency Evacuation / Medical coverage

Signature Required

Date