

Cycling Tour Health Declaration Form

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact

Name

Phone Number

Relationship

Health Information

Do you have any medical conditions we should be aware of?

Are you currently taking any medication?

Do you have any allergies?

In the past 14 days, have you experienced any of the following? (Check all that apply)

- ☐ Fever
- ☐ Cough
- ☐ Shortness of breath
- ☐ Sore throat
- ☐ None of the above

Have you been diagnosed or exposed to any communicable diseases recently?

- ☐ Yes
- ☐ No

Other relevant health information

Declaration

- ☐ I declare that the information provided above is accurate to the best of my knowledge.