

Eco-Tourism Volunteer Trip Health Declaration Form

Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Emergency Contact Name

Emergency Contact Phone

Medical Information

Do you have any existing medical conditions?

Allergies

Are you currently taking any medications?

Have you had any recent illnesses, injuries, or surgeries?

Are all vaccinations up-to-date?

Fitness for Travel

Are you able and fit to participate in physical activities?

Dietary Restrictions

Declaration & Consent

☐ I declare that the information provided is true and complete.

Signature

Date