

Hiking Tour Participant Health Declaration Form

Personal Information

Full Name

Date of Birth

Contact Number

Emergency Contact Name & Number

Medical Information

Do you have any medical conditions or allergies?

Are you currently taking any medication?

How would you rate your fitness level?

Health Declaration

☐

I confirm that I am currently free of fever, cough, and other communicable illness symptoms.

☐

I declare that I am physically able to participate in the hiking tour.

☐

I have disclosed all relevant medical information.

Signature

Date