

Adventure Tourist Medical Information Declaration Form

Full Name

Date of Birth

Gender

Passport Number

Nationality

Emergency Contact Name & Relationship

Emergency Contact Phone

Do you have any existing medical conditions or allergies?

Are you currently taking any medication(s)?

Describe your current level of physical fitness/recent training

Do you have any dietary restrictions or requirements?

Travel Insurance Provider & Policy Number

Declaration: I certify that the information provided above is true and complete to the best of my knowledge.



Signature

Date