

Backpacker Tourist Medical Information Declaration Form

Full Name

Passport Number

Date of Birth

Nationality

Emergency Contact Name & Number

Do you have any existing medical conditions?

☐ Yes

☐ No

If yes, please specify

Do you have any allergies?

☐ Yes

☐ No

If yes, please specify

Are you currently taking any medications?

☐ Yes

☐ No

If yes, please specify

Are your routine vaccinations up to date?

☐ Yes

☐ No

Do you have any special needs or requirements?

Additional notes or information