

# Eco-Tourism Medical Information Declaration Form

## Personal Information

Full Name

Date of Birth

Passport/ID Number

Contact Number

Address

## Emergency Contact

Name

Phone

Relationship

## Medical Information

List any medical conditions

Allergies (including food, medicine, etc.)

Medications currently taken

Do you have any dietary restrictions?

☐ Yes    ☐ No

If yes, please specify

Other information or needs we should be aware of

### Declaration

☐ I declare that the information provided is true and complete to the best of my knowledge.