

Extreme Sports Tourist Medical Information Declaration Form

Personal Details

Full Name

Date of Birth

Passport Number

Nationality

Emergency Contact Number

Medical Information

Do you have any existing medical conditions?

☐

Yes

☐

No

If yes, please specify

Are you currently taking any medication?

☐

Yes

☐

No

If yes, please list medications

Do you have any allergies?

☐

Yes

☐

No

If yes, please specify

Have you had any recent surgeries or hospitalizations?

☐

Yes

☐

No

If yes, please provide details

Sports Activity Information

Type of Extreme Sport

Intended Dates of Activity

Level of Experience

Declaration

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

Signature

Date