

CONFIDENTIAL MEDICAL FORM

GENERAL INFORMATION – Please complete all fields

Name:

CARIN CAFFIN
PALAUAN

Trip Name:

Departure Date:

28/9/2024

MEDICAL INFORMATION – Please complete all fields

1. During the last 5 years, have you suffered any significant illness, been hospitalized or required regular care by a doctor?

☐ Yes ☒ No

If YES, please indicate reason: _____

2. Have you ever had any of the following:

a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems?

☐ Yes ☒ No

b) Asthma affects my everyday activities and/or I use medication or an inhaler regularly

☐ Yes ☒ No

c) High blood pressure, heart or respiratory problems, or rheumatic fever?

☐ Yes ☒ No

d) Gout or arthritis or any back, leg or foot problems?

☐ Yes ☒ No

e) Gastric or duodenal ulcer, colitis or intestinal trouble?

☐ Yes ☒ No

f) Epilepsy or fits of any kind?

☐ Yes ☒ No

g) Kidney or bladder disease?

☐ Yes ☒ No

h) Diabetes, cancer or tumour of any kind?

☐ Yes ☒ No

3. Do you have any physical limitations, handicaps or prosthesis? Do you have difficulty walking or use a device for mobility assistance such as crutches, cane or wheelchair?

☐ Yes ☒ No

If YES, please specify: _____

4. Do you take medication or drugs related to a pre-existing medical condition?

☐ Yes ☒ No

5. Do you have any allergies, or reactions to any medication or drugs?

☐ Yes ☒ No

If YES, please specify: _____

6. Are you pregnant?

☐ Yes ☒ No

If YES, how many weeks pregnant will you be at the time of travel? _____

7. Are you affected by any other pre-existing medical conditions not listed above?

If YES, please specify: _____

☐ Yes ☒ No

Signature

Date

30/09/2024

**** Please return this form by e-mail to 'info@exoticloops.com' ****