

Coral Sea Kayaking
Oceanic Expeditions PTY LTD

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CORAL SEA KAYAKING MEDICAL QUESTIONNAIRE

Please complete this form accurately and completely listing all abnormalities in your health and medical history. Most medical problems are not likely to prevent participation in one of our trips. However, we visit remote locations with no medical facilities or means of rapid evacuation, this coupled with environmental factors may increase medical risks.

TRIP: _____ DEPARTURE DATE: _____

NAME: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

Please note your general physical condition - _____

Do you have any physical or psychological disabilities? _____

Any known allergies (please list) _____

Do you suffer from Anaphylaxis? (severe allergic reaction) _____

Are you on any relevant medications? _____ If yes please list - _____

Have you been admitted to hospital or had any serious medical problems recently? _____

if yes please note : _____

Is your tetanus inoculation up to date? (must be within the last 10 years) _____

Please complete details if you have any history of the following:

Raised blood pressure? Yes/No _____

Heart or circulatory disease? Yes/No _____

Asthma? Yes/No _____

Epilepsy? Yes/No _____

Pregnancy? Yes/No At which stage? _____

Digestive disorders? Yes/No _____

Joint Injury? Yes/No _____

Surgical Operations? Yes/No _____

Mental instabilities Yes/No _____

Any additional details:

Do you have any dietary requirements?:

Name and contact details of close relative in case of an emergency

Please Initial: _____

Date _____