

Coral Sea Kayaking

Oceanic Expeditions PTY LTD

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CORAL SEA KAYAKING MEDICAL QUESTIONNAIRE

Please complete this form accurately listing all abnormalities in your health and any pertinent medical history. Most medical problems are unlikely to prevent participation in the kayak trip. 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) Yes/No _____.

Are you on any relevant medications? Yes/No If yes please list - _____.

Have you been admitted to hospital or had any serious medical problems recently? Yes/No

If yes please note : _____.

Is your tetanus inoculation up to date? (must be within the last 10 years) Yes/No

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 illness? Yes/No _____

Other Medical issues? Yes/ No _____

Any additional Medical history details: _____

Do you have any dietary allergies: _____

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

Please sign/initial: _____ Date _____