



Free Spirit Adventures Medical Form

The following information is required to assist us with our duty of care in the event of an unforeseen emergency. Please complete all details and return to the Free Spirit Adventures prior to your trip.

All personal details will be kept strictly confidential.

First Name: _____ **Surname:** _____

Birth date: _____ Gender: _____ TELEPHONE: _____ w _____ h

Address: _____ Postcode: _____

Medicare Number: _____ Do you have private health cover? YES / NO

Do you have Ambulance cover? YES / NO

Your family doctors name: _____ Contact number: _____

Person to contact in an emergency: _____ Relation: _____

Contact Numbers: (H) _____ (W) _____

Do you have, or have you had any of the following... (Please indicate with Y or N)

- | | |
|---|--|
| <input type="checkbox"/> Fainting spells or dizziness | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Heart Disease or heart attack or angina | <input type="checkbox"/> Chronic or frequent cough |
| <input type="checkbox"/> Stomach trouble requiring Doctor or ulcers | <input type="checkbox"/> Anemia or Haemophilia |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Skin disease |
| <input type="checkbox"/> Concussion or head injury | <input type="checkbox"/> Arthritis or rheumatism |
| <input type="checkbox"/> Breathing disorder | <input type="checkbox"/> Dislocation/s |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee / wasp sting reaction |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Epilepsy (Please clarify) | <input type="checkbox"/> Ear disorder |
- When was the last episode? _____ Other: _____

If so, when did this occur, what treatment were/are you given and what medication do you require?

Have you ever been advised to have surgery that has not been carried out?
If yes, please give details. YES / NO

Are you currently taking any medication? If so what medication is required and please list procedure for administration? YES / NO

Please tick which of the following fitness factors apply to you

Level of Fitness: Above Average (), Average (), Below Average ()
Smoker Yes (), No (), Quit in last 5yrs (), **Weight** Normal (), 5-10kgs Over (), 10kg+ Over ()
Current Exercise per week (continuous for 20 mins or more) 3+ (), 2-3 (), 1-2 () None ()
Any injuries or limitations that would restrict your ability to participate (eg back, leg, heart, recent illness or surgery etc.) If Yes, please explain? _____

Free Spirit Adventures will take all necessary precautions to minimise risk as much as possible during your adventure. However, the participant acknowledges and agrees that all adventures have inherent risks that cannot in all cases be prevented by responsible risk management and therefore takes responsibility for their own safety during the trip. Other than for negligent acts on behalf of the providers, the participant agrees that Free Spirit Adventures and its staff shall not be liable for any loss, damage or injury to the participant or to the participant's property. In the event of a medical emergency the participant gives permission to the provider to arrange, at the participant's cost, any medical treatment or emergency evacuation that may be deemed necessary. The participant is aware of no medical reason why they cannot participate in this adventure.

I _____ (Full Name), Acknowledge that I have read & understood all information on this form and that it is true and correct.

Signature: _____ **Date:** _____